Tier One/Tier Two Estimate Request for Member with a Divorce-Related Account

Important: Read instructions before you complete and submit the enclosed form.

General instructions

• Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.) Fill in the member information section completely.

- Enter your PERS ID. If you do not know your PERS ID, leave the space provided blank. Your PERS ID can be found on your annual statement(s). If you provide your PERS ID, providing your Social Security number (SSN) is voluntary. If you do not supply a PERS ID, you must supply your Social Security number (SSN).
- Enter your mailing address. If you recently moved and you are:
 - currently employed in a PERS-covered position, you must inform your employer of your new address.
 - no longer employed in a PERS-covered position, complete the <u>Information Change Request</u> form.
- Enter your date of birth.
- Enter your home, work, and cell phone numbers including the area codes. Include an extension number if you have one.
- If you do not have an email address or prefer not to be contacted through email, leave that space blank.

Section B: Residency certification

Please check the box that reflects whether or not you expect to be a resident of the state of Oregon when you begin to receive your retirement benefit. Your estimated benefit will be calculated based your expected residency. Therefore, providing your expected residency will result in a more accurate benefit estimate.

Note: Your state residency at the time you receive benefits may affect a portion of your benefits. You will be required to certify your residency when you apply for retirement benefits. For a further explanation, visit the <u>PERS website</u>.

Section C: Retirement date and PERS employer name

Two estimates will be provided free of charge in a calendar year. We can only provide estimates for retirement dates within the upcoming 24 months.

The retirement date must be after the date employed and the date you submit this request.

We are unable to advise exactly when your request will be processed. PERS processes many written benefit estimate requests in retirement date order, with the earliest retirement dates first. Estimate processing time may vary from member to member as each account is different.

- Enter your last day employed.
- Enter the month and year you wish to retire. Retirement dates are always on the **first of the month**. You can use only one date per estimate request.
- Enter the name of your current or most recent PERS employer.

Section D: Beneficiary information

- Enter the first name of your beneficiary (no last name is required) and his/her year of birth so we can provide the full- and half-survivorship options.
- If you leave this section blank, we cannot provide estimates for survivorship options. (Survivorship options include Options 2, 2A, 3, and 3A.)
- Survivorship options are not available if your beneficiary is an estate or trust.
- The younger your beneficiary is, the lower your survivorship option benefits will be.
- Designating a beneficiary for your benefit estimate does not change your current pre-retirement beneficiary designation on file with PERS.

Section E: Unused sick leave, vacation, and compensatory hours

Review your employment contract or check with your employer for any limitations on the number of hours for which you can be paid. If your employer participates in the PERS unused **sick leave program**, enter the number of hours of unused sick leave you expect to have when you terminate employment. Do not include the number of unused sick leave hours you expect your employer to compensate you for when you leave your position. Review your employment contract or check with your employer to find out if it participates in the PERS unused sick leave program.

Enter the number of unused **vacation and compensatory** (**comp**) **time** hours you expect your employer to compensate you for when you terminate employment. Enter hours as a whole number, not as fractions of an hour. Unused vacation and compensatory hours can often be found on your check stub.

Enter your most recent PERS-covered hourly salary so we can calculate your monthly final average salary.

Section F: Contract salary and hours (for certified teachers)

If you are **currently working as a certified teacher under an individual contract** to work less than 12 months a year, enter the amount of your current salary and the number of hours or days you will work under this contract.

If you are uncertain of the exact salary or number of hours or days you have worked under an individual contract, contact your employer for information.

If you worked as a certified teacher under contract to work less than 12 months a year in your **last PERS-qualifying position**, enter the amount of your last contract salary and the number of hours or days you worked under this contract.

Section G: Purchases

All eligible waiting time and refunded time purchases will automatically be included in your estimate.

Provide any additional information about purchases you may be eligible for at retirement. Example: "I want to purchase four years of prior military time. Enclosed is a copy of my military discharge form," or "I want to purchase four years of state teaching time from the Billings Montana Public School System. I worked from September 4, 1975, to June 15, 1980." Most purchases must be made before retirement. See <u>purchase information</u> on the PERS website for a list and description of purchases.

For Police and Firefighter (P&F): The unit benefit effective date is the date you want your P&F unit benefit to begin. This can be different than but cannot be before your effective retirement date. For more information visit the <u>PERS website</u>.

Section H: Signature

Sign the form, and mail to PERS at PO Box 23700, Tigard OR 97281-3700, or fax it to Member Services at 503-598-0561.



11410 SW 68th Parkway, Tigard OR 97223 Mailing Address - PO Box 23700, Tigard OR 97281-3700 Toll free - 888-320-7377 Fax - 503-598-0561 Website - https://oregon.gov/pers



Tier One/Tier Two Estimate Request for Member with a **Divorce-Related Account**

This form is strictly for the PERS Tier One/Tier Two Program. Call PERS or visit our website if this is not the form you need.

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)						
First name		MI	Last name			Social Security number*
Mailing address (street or PO box)						PERS ID (optional)
City		State	ZIP code	Country		Date of birth (mm/dd/yyyy)
Home phone number	Work phone nun	nber	Cell phone number Email (optional)		Email (optional)	
Section B: Residency information For purposes of this estimate, please assume the following: ☐ I will be a resident of the state of Oregon when the benefits are paid. ☐ I will not be a resident of the state of Oregon when the benefits are paid. Section C: Retirement date and PERS employer name Note: Only one retirement date per form.						
Last day employed (mm/dd/yyyy)				My retirement date is the first day of (mm/yyyy)**		
Name of current or most recent PERS employer						
** This date must be after the date you submit this request and must be within the upcoming 24 months. Section D: Beneficiary information						
Beneficiary's first name			Beneficiary's date of birth (yyyy)			
Section E: Unused sick leave, unused vacation, and compensatory hours at retirement						
Sick leave hours Vacation/compensatory he			ırs		Hourly salary \$	
Section F: Contract salary and hours (for certified teachers)						
Last annual contract salary amount \$				Number of hours/days worked under contract		
Section G: Purchases (Waiting time and refunded time are automatically included if you are eligible.)						
☐ Police officer and firefighter unit purchase Date to begin unit benefit payments:						
Section H: Signature						

Date

Signature