

Retirement Benefit Estimate Request

Please type or print using black ink.

■ **Important** – A member or a designated agent may complete this form. Only one needs to sign. **Please keep in mind that the benefit estimate calculated from this information is just an estimate.** Actual retirement benefits will be based on information the employer provides when a member actually retires.

■ **Contact Us** – toll free: (888) 275-5737 • phone: (785) 296-6166 • fax: (785) 296-6638
e-mail: kpers@kpers.org • web site: www.kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ Part A – Member Information

1. Social Security Number: _____ - _____ - _____
2. Name (First, MI, Last): _____
3. Mailing Address: _____
City, State, Zip: _____
4. Employer: _____
5. Position: _____
6. Expected Retirement Date: ____/____/____
7. Expected Last Day on Payroll: ____/____/____
8. Is Member Subject to Continuing Contract Law? No Yes; Date Contract Expires: ____/____/____
9. Daytime Telephone Number: (____) _____
10. E-mail Address: _____

■ Part B – Certification of Final Pay

Important: Do not include any incentive pay or additional compensation for unused sick or annual leave in any of the following amounts.

	Year	Amount
1. Previous Annual Salary Subject to KPERS Contributions:	_____	\$ _____
2. Current Annual Salary Subject to KPERS Contributions: <i>If retiring in current year, include only compensation through estimated last day on payroll.</i>	_____	\$ _____
3. Next Annual Salary Subject to KPERS Contributions: <i>If retiring in next year, include only compensation through estimated last day on payroll.</i>	_____	\$ _____
4. Lump-Sum Payment for Sick and/or Annual Leave: <i>Paid when member leaves work, not included in above salaries.</i>		\$ _____

“I certify that the information provided on this form is true to the best of my knowledge. I understand that the retirement estimate calculated with this information is just an estimate. KPERS will calculate the actual benefit at retirement using verified final amounts and pay the benefit according to applicable laws and regulations.”

Member Signature: _____ Month/Day/Year: ____/____/____

Designated Agent Signature: _____ Month/Day/Year: ____/____/____