



RETIREMENT BENEFIT ESTIMATE REQUEST

For security reasons, do not submit form by email.

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.* This estimate may take up to 4 weeks to process. Actual retirement benefits will be based on information the employer provides when a member actually retires.

Members can calculate their own benefit estimate by logging in to their personal account at kpers.org. The benefit calculator uses a member’s personal data to create quick, accurate estimates.

Contact Us – toll free: 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638
email: kpers@kpers.org • **web site:** 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 – Joint Annuitant Information – To have joint-survivor options estimated, complete the information below for the person you want as your joint annuitant.

- 1. Name (First, MI, Last): _____
- 2. Date of Birth: ____/____/____

Part C – KPERS 3 Pay Information

- 1. Current Annual Salary Subject to KPERS Contributions: \$ _____

Part D – KPERS 1, KPERS 2, KP&F and Judges Pay Information

Important: Do not include any incentive pay or additional compensation for unused sick or annual leave in amounts listed in 1-2 below.

	Year	Amount
1. Current Annual Salary Subject to KPERS Contributions: <i>If retiring in current year, include only compensation through estimated last day on payroll.</i>	_____	\$ _____
2. Next Annual Salary Subject to KPERS Contributions: <i>If retiring in next year, include only compensation through estimated last day on payroll.</i>	_____	\$ _____
3. 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: ____/____/____