

**Request for Estimate of PERS Monthly Retirement Benefits
and Statement of Total Service Credit**

Name _____
(Please Print or Type)

Social Security Number _____ Phone # _____

Date of Birth _____

Beneficiary's Full Name _____

Beneficiary's Date of Birth _____

Relationship of Beneficiary to You _____

What is your expected last date of service? _____

What retirement date(s) would you like used for your estimate? _____

Possible service credit under an Early Retirement Incentive (ERI) plan? _____

In addition to PERS, I have credit under:

State Teachers Retirement System of Ohio	___ YES	___ NO
School Employees Retirement System of Ohio	___ YES	___ NO
State Highway Patrol Retirement System	___ YES	___ NO
Police and Fireman's Disability and Pension Fund	___ YES	___ NO

Have you ever served in any capacity as an elected official? ___ YES ___ NO

Dates Served as an elected official: _____

Please provide a Cost Statement for me to purchase the following service credit:

Redeposit of a refund	_____
Elective	_____
Military Service	_____ (Form DD-214 needed for processing)
Out of State/Federal Service	_____ (Certified Form OS-1 needed for processing)
Other	_____ (Please specify) _____

Additional Comments: _____

Signature _____

Address _____
Street City State Zip

Send Completed form to:
(Please allow 4-5 weeks for
processing)
TC-52 REVISED 12/97

PUBLIC EMPLOYEES RETIREMENT SYSTEM
277 East Town St, Columbus, OH 43215
ATTN: Estimates Department