

ICERS

IMPERIAL COUNTY EMPLOYEES' RETIREMENT SYSTEM

www.icers.info

RETIREMENT ALLOWANCE ESTIMATE REQUEST

If you are planning to retire within the next **three** years and would like a retirement estimate, please complete this form. If you would like a projection more than **three** years in the future, please use our retirement calculator or refer to our benefits booklet at www.icers.info.

THIS FORM IS NOT AN APPLICATION FOR RETIREMENT. IF YOU ARE APPLYING FOR RETIREMENT, PLEASE CONTACT ICERS OR VISIT OUR WEBSITE AT WWW.ICERS.INFO.

Your retirement estimate will be mailed to the address you indicate on this form within approximately six weeks, or you may pick it up at our office. Your estimate cannot be processed unless all information on this form is completed.

Date: _____
mm/dd/yyyy

Member Signature _____

Name _____	Social Security # _____
Address _____	Birthdate: _____ mm/dd/yyyy
City _____ State _____ Zip _____	Telephone Work : _____
Beneficiary's Name: _____	Home: _____
Spouse _____ Other _____	Email: _____
Birthdate: _____ mm/dd/yyyy	

Estimate Retirement Dates*	Type of Estimate:
Estimate 1: _____ mm/dd/yyyy	Service Retirement _____
Estimate 2: _____ mm/dd/yyyy	Non Service Connected Disability _____
*Only two estimates per request. If you would like a projection more than 3 years in the future please use our retirement calculator at www.icers.info.	Service Connected Disability _____

Number of vacation hours as of last pay period: _____
Number of sick leave hours as of last pay period: _____
Buy back sick hours: _____ Buy back vacation hours: _____
Have you been on a medical or military leave within the last 12 months Y N