



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)		Employee Signature	
Name:		Social Security :	(999-99-9999)
Address:		Employee DOB:	(mm/dd/yyyy)
City	State	Zip	Work Telephone: (999)999-9999
Beneficiary's Name:		Home Telephone: (999)999-9999	
Spouse : <input type="checkbox"/>		Other: <input type="checkbox"/>	
Beneficiary DOB (mm/dd/yyyy)			
Estimate Retirement Dates*		Type of Estimate:	
Estimate 1: _____ Date (mm/dd/yyyy)		Service Retirement: <input type="checkbox"/>	
Estimate 2: _____ Date (mm/dd/yyyy)		Non Service Connected Disability: <input type="checkbox"/>	
*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: <input type="checkbox"/>	
Number of vacation hours as of last pay period:		<input type="text"/>	
Number of sick leave hours as of last pay period:		<input type="text"/>	
Buy back sick hours: <input type="text"/>		Buy back vacation hours: <input type="text"/>	
Have you been on a medical or military leave within the last 12 months:		Yes No	