

ICERS

IMPERIAL COUNTY EMPLOYEES' RETIREMENT SYSTEM

<https://icers.imperialcounty.org>

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 icers.imperialcounty.org

THIS FORM IS NOT AN APPLICATION FOR RETIREMENT. IF YOU ARE APPLYING FOR RETIREMENT, PLEASE CONTACT ICERS OR VISIT OUR WEBSITE AT [ICERS.IMPERIALCOUNTY.ORG](https://icers.imperialcounty.org)

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

Signature _____

Name	SSN: _____
Address	Birthdate: _____ mm/dd/yyyy
City State Zip	Telephone Work: _____
Beneficiary's Name: _____	Home: _____
Spouse <input type="checkbox"/> Other <input type="checkbox"/>	Email: _____
Birthdate: _____ mm/dd/yyyy	

Estimate Retirement Dates*	Type of Estimate:
Estimate 1 mm/dd/yyyy	Service Retirement <input type="checkbox"/>
Estimate 2 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.imperialcounty.org	Service Connected Disability <input type="checkbox"/>

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? Yes NO