

## BENEFIT INFORMATION REQUEST

**Use the reverse side if you are requesting death benefit information.**

Name (Last, First, MI, Previous/Maiden)			Social Security Number	
Street Address			Birthdate (MM/DD/CCYY)	
City	State	Zip Code	Telephone Number(s)	
Employer			Home: (      )	
			Work: (      )	

**Note:** This is NOT an application for benefits nor a *Beneficiary Designation* form. Request the information or form(s) you need by checking the appropriate box(es) and filling in the applicable blanks.

### REQUESTING BENEFIT APPLICATION: fill in appropriate section(s)

<input type="checkbox"/> <b>SEPARATION BENEFIT APPLICATION:</b> You are only eligible for a separation benefit if you are <ul style="list-style-type: none"> <li>• Under 55 (50 if protective);</li> <li>• You are over age 55 (50), but you began covered WRS employment after 1989, terminated WRS employment prior to April 24, 1998, <b>and</b> have WRS service in less than five calendar years; or</li> <li>• You are over 55 (50), but you began WRS employment on or after July 1, 2011, and you do not have five years of creditable service.</li> </ul> Last day of work or end of layoff/leave of absence: _____ (MM/DD/CCYY).	
<input type="checkbox"/> <b>RETIREMENT ANNUITY ESTIMATE:</b> Estimates cannot be calculated without the information below. Estimates will only be provided 12 months in advance of your anticipated termination date. Your Anticipated Termination Date (MM/DD/CCYY): * _____ * This does <b>not</b> commit you to retiring on that date, but we must have a date to use in the calculations.	<input type="checkbox"/> <b>DISABILITY ANNUITY ESTIMATE:</b> Last day worked: _____ Last day paid after all accrued leave has been used: _____ <input type="checkbox"/> Check if disability is work-related. Complete section below for salary, military and joint and survivor information.

**This information is necessary to calculate your retirement and/or disability estimates.**

**EARNINGS:** Teachers, educational support staff and justices use fiscal year earnings (July 1 to June 30).  
 All others use calendar year (January 1 to December 31).

Calendar Year	Fiscal Year
Last year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____	7/1/____ - 6/30/____ \$ _____
This year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____	7/1/____ - 6/30/____ \$ _____

Do you have active military service?  No  Yes Send a copy of your military discharge papers with this request (i.e., DD-214) if you have not previously done so.

**NAMED SURVIVOR INFORMATION:** (This information is needed to calculate joint and survivor estimates and is NOT a *Beneficiary Designation*.) Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### REQUESTING OTHER INFORMATION: check applicable box(es)

<input type="checkbox"/> <i>Beneficiary Designation</i> form Account Summary for: <input type="checkbox"/> divorce <input type="checkbox"/> mortgage <input type="checkbox"/> Duplicate annual <i>Statement of Benefits</i> Form for participation in the Variable Trust <input type="checkbox"/> Cancel participation in the Variable Trust <input type="checkbox"/> Elect participation in the Variable Trust <input type="checkbox"/> Cost of purchasing six-month qualifying service (non-teachers only, if service began before January 1, 1973) active employees only.	<input type="checkbox"/> Cost of purchasing forfeited service (service forfeited if you have previously closed your account by taking a separation benefit) active employees only. Approx. begin/end dates of service you forfeited: _____ Name(s) used: _____ Name of former employer(s): _____ <input type="checkbox"/> Other _____
Date (MM/DD/CCYY)	Employee Signature



