

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)

SEPARATION BENEFIT APPLICATION: You are only eligible for a separation benefit if you are

- Under 55 (50 if protective);
- You are over age 55 (50), but you began covered WRS employment after 1989, terminated WRS employment prior to April 24, 1998, **and** have WRS service in less than five calendar years; or
- 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.

Last day of work or end of layoff/leave of absence: _____ (MM/DD/CCYY).

<p><input type="checkbox"/> RETIREMENT ANNUITY ESTIMATE: 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 not commit you to retiring on that date, but we must have a date to use in the calculations.</p>	<p><input type="checkbox"/> DISABILITY ANNUITY ESTIMATE: 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.</p>
--	---

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)

<p><input type="checkbox"/> <i>Beneficiary Designation</i> form</p> <p><input type="checkbox"/> Account summary for divorce</p> <p><input type="checkbox"/> Account summary for mortgage</p> <p><input type="checkbox"/> Duplicate annual <i>Statement of Benefits</i></p> <p><input type="checkbox"/> Cancel participation in the Variable Trust</p> <p><input type="checkbox"/> Elect participation in the Variable Trust</p> <p><input type="checkbox"/> Cost of purchasing six-month qualifying service (non-teachers only, if service began before January 1, 1973) active employees only.</p>	<p><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): _____</p> <p><input type="checkbox"/> Other _____</p>
Date (MM/DD/CCYY)	Employee Signature

