Reset Form

REQUEST FOR ESTIMATE
1977 FUND BENEFITS

State Form 54975 (4-12)

INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

INSTRUCTIONS

1. Type or print using black ink
2. Complete all information. Your full name and last four digits of your Social Security number are required.
3. Return this completed form to the 1977 Fund to the above address.
4. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

MEMBER INFORMATION

Member's name *(full name)*		Pension ID (PID) number	
Social Security number *(last 4 digits)*		Date of birth *(mm/dd/yyyy)*	
Address *(number and street)*	Telephone number with area code		Other telephone number with area code
City	State	ZIP Code	E-mail address

RETIREMENT DATES

Anticipated last day of work *(mm/dd/yyyy)* *This date will be used to calculate regular / early retirement benefits.*	Anticipated date to begin benefits *(mm/dd/yyyy)* *This date cannot be the same as your last day in pay status. It must be at least one day after your last day in pay status.*

MEMBER ACKNOWLEDGEMENT

I authorize the release of my account information as is necessary for the Fund to process and complete my request for a benefit estimate.

Member's signature	Date *(mm/dd/yyyy)*
Printed name of member	

ADDITIONAL INFORMATION

- Please allow thirty (30) days for processing
- This is ONLY an estimate. Reduced benefits at age fifty (50) years / Full benefits at age fifty-two (52) years.
- To enroll in the retirement benefits, submit State Form 45343 – Application For Retirement Benefits