



**REQUEST FOR ESTIMATE
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION AND DISABILITY FUND BENEFITS**

State Form 54975 (R4 / 7-24)

**INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY FUND**

One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

INSTRUCTIONS

1. This is ONLY AN ESTIMATE for reduced benefits at age fifty (50) years or full benefits at age fifty-two (52) years.
2. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address on this form.
3. Type or print using black ink.
4. Complete all information. Your full name and last four digits of your Social Security number are required.
5. Return this completed, signed, and dated form by fax, mail, or deliver it to the INPRS lobby at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
6. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday.

MEMBER INFORMATION

Member name (full name)		Pension ID (PID) number	
Social Security number (last 4 digits)*	Date of birth (mm/dd/yyyy)	Marital status (select one) <input type="checkbox"/> Single <input type="checkbox"/> Married	
Address (number and street)	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

SPOUSE INFORMATION

Spouse name (if applicable)	Spouse date of birth (mm/dd/yyyy)
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RETIREMENT DATES

Anticipated last day of work (mm/dd/yyyy) <i>This date is used to calculate regular / early retirement benefits.</i> ____ / ____ / ____	Anticipated date to begin benefits (mm/dd/yyyy) <i>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.</i> ____ / ____ / ____
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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 signature	Date (mm/dd/yyyy)
Printed name of member	

INFORMATION

- Allow thirty (30) days for processing.
- This is ONLY AN ESTIMATE for reduced benefits at age fifty (50) years or full benefits at age fifty-two (52) years.
- To enroll in the retirement benefits, complete our online-only retirement application at www.myinprsretirement.org.

**INSTRUCTIONS FOR
REQUEST FOR ESTIMATE 1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION AND DISABILITY
FUND BENEFITS**

State Form 54975

IMPORTANT

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Entry field	Field description
MEMBER INFORMATION	
Member name	Enter the complete member's name.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Social Security number*	Enter the last 4 digits of the member's Social Security number.*
Date of birth	Enter the member's date of birth. Format = mm/dd/yyyy.
Marital status	Select one: Single or Married .
Address, City, State, ZIP Code	Enter the member's mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
E-mail address	Enter the member's e-mail address, if applicable.
SPOUSE INFORMATION	
Spouse name	Enter the complete spouse's name, if applicable.
Date of birth	Enter the spouse's date of birth. Format = mm/dd/yyyy.
RETIREMENT DATES	
Anticipated last day of work	This date is used to calculate regular or early retirement benefits. Format = mm/dd/yyyy.
Anticipated date to begin benefits	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. Format = mm/dd/yyyy.
MEMBER ACKNOWLEDGEMENT	
Member signature	The member must sign and date this form.
Date	The member must sign and date this form. Format = mm/dd/yyyy.
Printed name of member	Enter the printed name of the member signing the form.
INFORMATION	
<ul style="list-style-type: none"> • Allow thirty (30) days for processing. • This is ONLY AN ESTIMATE for reduced benefits at age fifty (50) years or full benefits at age fifty-two (52) years. • To enroll in the retirement benefits, complete our online-only retirement application at www.myinprsretirement.org. 	

HELPFUL INFORMATION			
	INPRS/1977 Fund	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS (Toll-free)	(800) 829-1040 (Toll-free)	(317) 233-2240 Indianapolis local
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax (Toll-free)	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired) (Toll-free)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor