



**PUBLIC EMPLOYEES' RETIREMENT FUND  
(PERF) / TEACHERS' RETIREMENT FUND  
(TRF) REQUEST FOR ESTIMATE OF  
BENEFITS**

State Form 29211 (R12 / 2-25)

**INDIANA PUBLIC RETIREMENT SYSTEM  
PUBLIC EMPLOYEES' RETIREMENT FUND  
TEACHERS' RETIREMENT 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](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://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. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink.
3. This completed, signed, and dated form may be mailed, faxed, or delivered to the lobby of INPRS at the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday.

**INPRS can provide only one (1) estimate of benefits within any 12-month period. Because estimates are prepared based on current information, actual benefits received at the time of retirement may differ.**

**FUND**

Select one: ☐ PERF Hybrid ☐ TRF Hybrid ☐ PERF/TRF Hybrid Combined

**MEMBER INFORMATION**

Member name	Social Security number* - -	Pension ID (PID) number	
Date of application (mm/dd/yyyy)	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 INFORMATION**

Regular / early retirement benefits – anticipated last day of work (mm/dd/yyyy)	Disability benefits – Social Security disability onset date (mm/dd/yyyy)	Anticipated date for beginning benefits (mm/01/yyyy) / 01 /
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**ANTICIPATED RETIREMENT BENEFICIARY INFORMATION**

Beneficiary name	Social Security number* - -
Relationship to member	Date of birth (mm/dd/yyyy)

**MEMBER ACKNOWLEDGEMENT**

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

# INSTRUCTIONS FOR PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) / TEACHERS' RETIREMENT FUND (TRF) REQUEST FOR ESTIMATE OF BENEFITS

State Form 29211

## IMPORTANT

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4. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday.

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### Regular / Early Retirement Benefits

INPRS can only provide an estimate of benefits once you are within one (1) year of being eligible for retirement:

- Age 50 with 15 years of service
- Age 60 with 15 years of service
- Age 65 with 10 years of service
- Age 55 and your age and years of service add up to 85 (Rule of 85)

### Disability Benefits

In order to receive PERF or TRF disability benefits, you must:

- Have at least 5 years of creditable service with PERF or TRF before the termination of salary, employer provided income protection benefits, Worker's Compensation benefits, or leave under the Family and Medical Leave Act (FMLA).
- Be determined by the Social Security Administration to be disabled.
- Be receiving salary, employer provided income protection benefits, Worker's Compensation benefits, or leave under the Family and Medical Leave Act (FMLA) as of the onset date established by Social Security.
- You must provide INPRS with a copy of your Social Security award letter.

Entry field	Field description		
<b>FUND</b>			
Select one	Select PERF Hybrid, TRF Hybrid, or PERF/TRF Hybrid Combined.		
<b>MEMBER INFORMATION</b>			
Member name	Enter the complete name of the member.		
Social Security number*	Enter the member's complete Social Security number.*		
Pension ID (PID) number	Enter the member's Pension ID (PID) number.		
Date of application	Enter the application date.		
Date of birth	Enter the member's date of birth.		
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.		
<b>RETIREMENT INFORMATION</b>			
<b>Please complete the line for retirement or disability benefits. Do NOT complete both.</b>			
Last day of work	Enter your anticipated last day of work.		
Social Security disability date	Enter your disability onset date.		
Date of benefits	Enter your anticipated date for beginning retirement benefits; (mm/01/yyyy).		
<b>ANTICIPATED RETIREMENT BENEFICIARY INFORMATION</b>			
Beneficiary name	Enter the complete name of the beneficiary.		
Social Security number*	Enter the beneficiary's complete Social Security number.*		
Relationship to member	Enter the beneficiary's relationship to the member.		
Date of birth	Enter the beneficiary's date of birth; (mm/dd/yyyy).		
<b>MEMBER ACKNOWLEDGEMENT</b>			
Member signature and date	Member must sign and enter date of signature on the form.		
Printed name of member	Member must print full name.		
<b>HELPFUL INFORMATION</b>			
	<b>INPRS/PERF/TRF</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(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	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>