

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

State Form 29211

INFORMATION

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.

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 65 with 10 years of service
- Age 60 with 15 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 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.
- Be determined by the Social Security Administration to be disabled.
- You must provide INPRS with a copy of your Social Security award letter.

IMPORTANT

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. Read the INFORMATION section on page 2 for details.
4. 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.
5. Questions or changes? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

Entry field	Field description
FUND	
Select one	Select PERF Hybrid, TRF Hybrid, or PERF/TRF Hybrid Combined.
MEMBER INFORMATION	
Member name	Enter the complete name of the member.
Social Security number*	Enter the member's Social Security number.* <i>(last 4 digits)</i>
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.
RETIREMENT INFORMATION	
Complete the line for retirement or disability benefits. Do NOT complete both.	
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; <i>(mm/01/yyyy)</i> .
ANTICIPATED RETIREMENT BENEFICIARY INFORMATION	
Beneficiary name	Enter the complete name of the beneficiary.
Social Security number*	Enter the beneficiary's Social Security number.* <i>(last 4 digits)</i>
Relationship to member	Enter the beneficiary's relationship to the member.
Date of birth	Enter the beneficiary's date of birth; <i>(mm/dd/yyyy)</i> .
MEMBER ACKNOWLEDGEMENT	
Member signature and date	Member must sign and enter date of signature on the form.
Printed name of member	Member must print full name.

HELPFUL INFORMATION			
	INPRS/PERF/TRF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(844) 464-6777 Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
	(866) 591-9441 Fax Toll-free	(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor