



REQUEST FOR ESTIMATE OF BENEFITS

State Form 29211 (R7 / 6-12)

INDIANA PUBLIC RETIREMENT SYSTEM PUBLIC EMPLOYEES' RETIREMENT 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
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* 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 form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
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		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's signature	Date (mm/dd/yyyy)
Printed name of member	

**INSTRUCTIONS FOR
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We can provide only one (1) estimate of benefits within any twelve (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

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

- Age fifty (50) with fifteen (15) years of service
- Age fifty (60) with fifteen (15) years of service
- Age fifty (65) with fifteen (10) years of service
- You are at least fifty-five (55) and your age and your years of service add up to eighty-five (85 – Rule of 85)

Disability Benefits

In order to receive PERF disability benefits, you must:

- Have at least five (5) years of creditable service with PERF 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
MEMBER INFORMATION	
Member’s name	Enter the complete name of the member.
Social Security number	Enter the member’s 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 street or 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	
Please 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; (mm/01/yyyy).
ANTICIPATED RETIREMENT BENEFICIARY INFORMATION	
Beneficiary name	Enter the complete name of the beneficiary.
Social Security number	Enter the beneficiary’s 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).
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	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor