



## REQUEST FOR ESTIMATE OF BENEFITS / TO PURCHASE SERVICE

State Form 53712 (R4 / 2-18)

**INDIANA PUBLIC RETIREMENT SYSTEM  
JUDGES' RETIREMENT SYSTEM**  
 1 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 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 (844) GO-INPRS, Monday – Friday, 8 a.m.- 8 p.m. EST.

### MEMBER INFORMATION

Member's name		Social Security number <i>(last 4 digits)*</i>		Pension ID (PID) number	
Address <i>(number and street)</i>		Telephone number with area code		Other telephone number with area code	
City		State	ZIP Code	E-mail address	

### RETIREMENT INFORMATION

Regular retirement benefits anticipated last day of work <i>(mm/dd/yyyy)</i>	Anticipated date of beginning benefits <i>(mm/01/yyyy)</i>
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### ANTICIPATED BENEFICIARY INFORMATION

Beneficiary's name	Date of birth <i>(mm/dd/yyyy)</i>
Social Security number*	Relationship to member

### SPOUSE INFORMATION

Spouse's name		Date of birth <i>(mm/dd/yyyy)</i>			
Social Security number*		Date of marriage to member <i>(mm/dd/yyyy)</i>			
Address		Telephone number with area code		Other telephone number with area code	
City		State	ZIP Code	E-mail address	

### PURCHASE INFORMATION *(Complete only if purchasing service)*

Effective date in plan <i>(mm/dd/yyyy)</i>	Current salary
Date of purchase <i>(mm/dd/yyyy)</i>	Amount to be purchased

### MEMBER ACKNOWLEDGEMENT

Member's signature	Date <i>(mm/dd/yyyy)</i>
Member printed name	

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<b>IMPORTANT INFORMATION</b>																																	
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 Benefits	We can only provide an estimate of benefits once you are within one (1) year of being eligible for retirement.																																
Disability Benefits	<p><u>Determination</u> You are considered to be permanently disabled if INPRS - has received a written certification of your disability by a licensed and practicing physician and the INPRS Medical Authority. This certification must state that:</p> <ul style="list-style-type: none"> <li>• You are totally incapacitated by reason of physical or mental infirmities from earning a livelihood, and</li> <li>• Your condition is likely to be permanent.</li> </ul> <p>You will be reexamined by at least two (2) physicians appointed by the INPRS board at such times designated by the board, but at intervals not exceeding one (1) year. If, in the opinion of these physicians, you have recovered from your disability, your benefits will stop unless you are age sixty-five (65).</p> <p><u>Amount</u> The annual benefit payable if you become permanently disabled is the product of the salary that was paid to you at the time of your separation from service, multiplied by the percentage shown below:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4" style="text-align: center;"><u>Table B</u></th> </tr> <tr> <th style="text-align: center;">Years of Service</th> <th style="text-align: center;">Percentage</th> <th style="text-align: center;">Years of Service</th> <th style="text-align: center;">Percentage</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0-12</td> <td style="text-align: center;">50%</td> <td style="text-align: center;">18</td> <td style="text-align: center;">56%</td> </tr> <tr> <td style="text-align: center;">13</td> <td style="text-align: center;">51%</td> <td style="text-align: center;">19</td> <td style="text-align: center;">57%</td> </tr> <tr> <td style="text-align: center;">14</td> <td style="text-align: center;">52%</td> <td style="text-align: center;">20</td> <td style="text-align: center;">58%</td> </tr> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">53%</td> <td style="text-align: center;">21</td> <td style="text-align: center;">59%</td> </tr> <tr> <td style="text-align: center;">16</td> <td style="text-align: center;">54%</td> <td style="text-align: center;">22 or more</td> <td style="text-align: center;">60%</td> </tr> <tr> <td style="text-align: center;">17</td> <td style="text-align: center;">55%</td> <td></td> <td></td> </tr> </tbody> </table>	<u>Table B</u>				Years of Service	Percentage	Years of Service	Percentage	0-12	50%	18	56%	13	51%	19	57%	14	52%	20	58%	15	53%	21	59%	16	54%	22 or more	60%	17	55%		
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Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member's name	Enter the member's complete name.
Social Security number	Enter the last 4 digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's street or mailing address.
Telephone number/Other telephone number	Enter the member's telephone numbers including area codes.
E-mail address	Enter the member's e-mail address, if applicable.
<b>RETIREMENT INFORMATION</b>	
Anticipated last day of work	Enter the anticipated last day of work date for regular retirement benefits; format = mm/dd/yyyy.
Anticipated date for beginning benefits	Enter the anticipated date for beginning benefits; format = mm/01/yyyy.
<b>ANTICIPATED BENEFICIARY INFORMATION</b>	
Beneficiary's name	Enter the beneficiary's complete name.
Date of birth	Enter the beneficiary's date of birth; format = mm/dd/yyyy.
Social Security number	Enter the beneficiary's Social Security number.
Relationship to member	Enter the relationship of beneficiary to member.

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<b>SPOUSE INFORMATION</b>	
Spouse's name	Enter the spouse's complete name.
Date of birth	Enter the spouse's date of birth; format = mm/dd/yyyy.
Social Security number	Enter the spouse's Social Security number.
Date of marriage to member	Enter the date of marriage; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the spouse's street or mailing address.
Telephone number/Other telephone number	Enter the spouse's telephone numbers including area codes.
E-mail address	Enter the spouse's e-mail address, if applicable.
<b>PURCHASE INFORMATION</b>	
Effective date in plan	Enter the effective date in the plan; format = mm/dd/yyyy.
Current salary	Enter the member's current salary.
Date of purchase	Enter the date of purchase; format = mm/dd/yyyy.
Amount to be purchased	Enter the amount of service to be purchased.
<b>MEMBER ACKNOWLEDGEMENT</b>	
Member's signature	The member must sign and date this section of the form; format = mm/dd/yyyy.
Member printed name	Enter the member's printed name.

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/JUDGES</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) 233-4018 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
<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>