



Montana Public Employee Retirement Administration

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Email: mpera@mt.gov • Website: mpera.mt.gov

REQUEST FOR BENEFIT ESTIMATE

Date _____

Service Retirement

Disability Retirement

Notes:

I have terminated or may terminate on _____
Month/ Day/ Year

I am considering retirement as of the first day of the month following my termination; **or**

I am waiting to retire on the first day of _____
Month/Year

Please prepare estimates of the retirement options available as of these dates.

Name _____

Address/PO Box _____

City _____ ST _____ Zip _____

Birthdate _____ Phone Number _____

Social Security Number* _____

Beneficiary Information (for estimate purposes only)

Name _____

Birthdate _____

Relationship _____

Signature of Member

MPERA Use Only
_____ Telephone Request
_____ Staff initials

* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109