Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
http://mpera.mt.gov

REQUEST FOR ESTIMATE

MEMBER INFORMATION

Last Name	First Name, MI	Social Security Number* XXX – XX - _____
Date of Birth	Retirement System (Check one) ☐ Public Employees' ☐ Judges' ☐ Highway Patrol Officers' ☐ Sheriffs ☐ Game Wardens' and Peace Officers' ☐ Municipal Police Officers' ☐ Firefighters' Unified ☐ Volunteer Firefighters' Compensation Act	
Mailing Address		
City	State	Zip code
Daytime Phone Number	Email address	

TYPE OF ESTIMATE REQUEST

☐ Service Retirement ☐ Disability Retirement

☐ DROP Anticipated DROP Start Date_____

☐ Volunteer Firefighters Compensation Act (VFCA)

DATE OF RETIREMENT

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

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

ADDITIONAL NOTES

_____

_____

_____

Beneficiary Information

(for estimate purposes only - this will NOT change your existing designation

Name	Birthdate	Relationship

MEMBER SIGNATURE

Signature	Date

MPERA Use Only
☐ Telephone Request
_____ Staff Initials

BEN-0035-0021-01-0000000000

* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109