

## Estimate/Consultation Request

### Member Information

Name (First Name, Middle Initial, Last Name)

Social Security Number Last 4

Email Address

Phone Number

Signature

Date (mm/dd/yyyy)

### Retirement Benefit Estimate

Complete this section for an estimate of your retirement allowance. You may request up to three dates for comparison.

Service Retirement

Service Connected Disability

Non-Service Connected Disability

Estimate Date 1 (mm/dd/yyyy)

Estimate Date 2 (mm/dd/yyyy)

Estimate Date 3 (mm/dd/yyyy)

### Reciprocal Membership (If Applicable)

Please provide the following information if you have established reciprocity between MCERA and another retirement system.

Name of Reciprocal System

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Monthly Salary from Reciprocal System (Verified when you submit your retirement application.)

### Service Purchase

Complete this section for an estimate to purchase service credit.

Part-time or Extra-Help Service

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Medical Leave Without Pay

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Redeposit of Withdrawn Service

From (mm/dd/yyyy)

To (mm/dd/yyyy)

### Appointment Information

How would you like to receive this information?

Office Appointment

Phone Appointment

Mail

Email

### Additional Requests or Information