



Request for IPERS Benefit Estimate



Print in dark ink or type. Send back to IPERS, P.O. Box 9117, Des Moines, IA 50306-9117.

Member ID: _____ Name: _____
(First/Middle/Last)

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

E-mail: _____

Your birth date: _____ Beneficiary's birth date: _____

Is the beneficiary of your IPERS benefits your spouse? Yes No If yes, is your beneficiary male or female ?

IPERS OFFICE USE ONLY	
Appt time:	_____
Date:	_____
Place:	<input type="checkbox"/> Office <input type="checkbox"/> Online (see below) <input type="checkbox"/> Travel: _____
<input type="checkbox"/> E-mail confirmed for online counseling session invitation	
Contact # for online session:	_____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____	

Your current or last IPERS-covered employer: _____ Position held: _____

Are you currently employed by a community college, a state university in Iowa, or the Board of Regents? Yes No

Are you working or have you ever worked in a job listed below? Yes No

- Sheriff
- DOT peace officer
- Airport security guard
- Deputy sheriff
- Airport firefighter
- Arson investigator
- Department of Corrections
- Airport safety officer
- County jailer or detention officer
- State or county conservation peace officer
- Fire prevention inspector peace officer
- National Guard installation security officer
- City police officer
- Regular or volunteer firefighter
- Emergency medical service provider
- County attorney investigator

Date(s) you plan to retire or date IPERS coverage ended: _____ or _____ or _____
(Month/Year) (Month/Year) (Month/Year)

Do you expect your wages to change between now and retirement? Yes No If yes, by what percent each year? _____%

Are you retiring because of disability? Yes No

Have you applied for disability benefits from Social Security or Railroad Retirement?
Yes If you are already receiving benefits, what was your entitlement (start) date? _____
No

Were you ever on an official leave of absence before July 1, 1998?
Yes If yes, when did it start? (mm/yyyy) _____ End? (mm/yyyy) _____
No

Do you have a court order on file with IPERS that divides your IPERS benefits with an ex-spouse? Yes No

Do you have an expired service purchase cost quote? Yes No

Are you interested in purchasing service?
Yes If yes, please submit an *Application for Service Purchase* (available at <www.ipers.org> or by calling IPERS).
No

Comments: _____

Signature: _____ Date: _____