



Request for IPERS Benefit Estimate

For employees affected by a furlough
(employer-mandated reduction of work hours)

If your final average salary would be reduced because of an employer-mandated reduction of work hours, you may be eligible to minimize the negative impact to your IPERS benefit amount by making additional contributions to IPERS. You may restore your final average salary by making IPERS contributions equal to the amount you and your employer would have paid if your work hours had not been reduced. You may make additional contributions only for periods between January 1, 2009, and June 30, 2010. You will find this beneficial *only* if your wages earned in calendar year 2009 and/or 2010 are used in your final average salary.

To receive benefit estimates that show how additional contributions could affect your IPERS benefit amount, complete and return this form to IPERS. The estimates will be based solely on your current IPERS records and the wage information your employer provides.

Name: _____ Address: _____

SSN: _____ City: _____ State: _____ Zip: _____

Date of birth: _____ Beneficiary's date of birth: _____ Is your beneficiary your spouse? Yes: No:

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

Signature: _____ Date: _____

Please ask your payroll official to provide the following information.

Wage Certification (To be completed by the payroll official)

	Actual wages paid <i>(Place * by the wages if they are estimated)</i>	Wages that would have been paid if the employer-mandated reduction of work hours have not occurred <i>(Place * by the wages if they are estimated)</i>		Estimate of future wages
First Quarter 2009			First Quarter 2011	
Second Quarter 2009			Second Quarter 2011	
Third Quarter 2009			Third Quarter 2011	
Fourth Quarter 2009			Fourth Quarter 2011	
Calendar Year Total			Calendar Year Total	
First Quarter 2010			First Quarter 2012	
Second Quarter 2010			Second Quarter 2012	
Third Quarter 2010			Third Quarter 2012	
Fourth Quarter 2010			Fourth Quarter 2012	
Calendar Year Total			Calendar Year Total	

Payroll official's signature: _____ Date: _____

Department/employer name: _____ Phone: _____

Return completed form to: IPERS, P.O. Box 9117, Des Moines, IA 50306-9117

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