



# Request for IPERS Benefit Estimate

Print in dark ink or type. Send back to IPERS, P.O. Box 9117, Des Moines, IA 50306-9117, or fax to 515-281-0053.

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

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

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  No

If you are already receiving benefits, what was your entitlement (start) date? \_\_\_\_\_

Were you ever on an official leave of absence before July 1, 1998?  Yes  No

If yes, when did it start? (mm/yyyy) \_\_\_\_\_ End? (mm/yyyy) \_\_\_\_\_

Do you have a Qualified Domestic Relations Order (QDRO) on file with IPERS that divides your IPERS benefits with an ex-spouse?  Yes  No

Are you interested in purchasing service?  Yes  No

If yes, please submit an *Application for Service Purchase* (available at [www.ipers.org](http://www.ipers.org) or by calling IPERS).

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_