



San Bernardino County Employees' Retirement Association

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San Bernardino, CA 92408

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BENEFIT ESTIMATE & MEMBER STATEMENT REQUEST

This is a request for an estimate of your retirement allowance. **It is not an application to retire.** By submitting this form, you are in no way making a commitment to retire. If you are currently purchasing service credit, your estimate will be based on the assumption that your contract will be paid in full before you retire. NOTE: If you retire before your contract is paid in full, you have up to 120 days after your retirement date to pay the balance of the contract. When this balance is paid your retirement allowance will be adjusted back to your retirement date to include the service credit that you purchased

MEMBER INFORMATION (Please print or type)

Last Four Digits of SSN	Employee ID	Birth Date (Mo/Day/Year)	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Marital Status	Spouse or Domestic Partner's Name	Spouse or Domestic Partner's Birth Date: (MM/DD/YY)	
		Date of Marriage/Registered Domestic Partnership: (MM/DD/YY)	

PREFERRED METHOD OF CONTACT: LIST ONLY ONE

E-MAIL: _____
PHONE: _____

MEMBERSHIP STATUS: Active Deferred Vested If Deferred Reciprocal:
Reciprocal System
Reciprocal System Salary
***(Monthly or Annual)**

Please check all items/services that you are requesting:

SERVICE RETIREMENT BENEFIT ESTIMATE (you may request three separate dates for comparison)

1. Estimated Retirement Date: _____
2. Estimated Retirement Date: _____
3. Estimated Retirement Date: _____

MEMBER STATEMENT

ACCOUNT BALANCE AS OF _____

REVIEW / UPDATE THE FOLLOWING INFORMATION _____

OTHER REQUEST (specify): _____

Member Signature

Date