



San Joaquin County Employees' Retirement Association

ESTIMATE REQUEST FORM

Please complete this form and return it to SJCERA to receive a retirement benefit estimate. Please remember these are estimates and certain circumstances could change the final benefit. (For example: Leave of Absence, Purchase of Service, Recent and Future pay increases) ***Please allow about 2 weeks for processing.***

Required Information:

Name: _____

SSN or Employee ID: _____ Birthdate: _____

Estimated Retirement Date (limit 3): _____

Beneficiary's Name: _____

Birthdate of Beneficiary: _____ Relationship: _____

Date of Marriage/Registered Domestic Partnership: _____

Address where to send these projections:

Daytime phone number: _____

Member's Signature: _____ Date: _____