



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 or by calling IPERS).

Comments: _____

Signature: _____ Date: _____