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: ☐ Office
☐ Online (see below)
☐ Travel:_____

☐ E-mail confirmed for online counseling session invitation

Contact # for online session:
☐ Home
☐ Work
☐ 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: _____ (Month/Year) or _____ (Month/Year) or _____ (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: _____