## EMPLOYEES' RETIREMENT SYSTEM



The Maryland-National Capital Park and Planning Commission 6611 Kenilworth Avenue, Suite 100 (Riverdale, Maryland 20737 (2007)

(301) 454-1415 - Telephone (301) 454-1413 - Facsimile

## **Request for Retirement Benefit Estimate**

Date:			
Member's Name:			
Employee ID No.:	_	Date of Birth:	
Retirement Plan:			
Estimate Projection D	oate(s):		
Telephone Number:			
Mailing Address:			
Marital Status:	☐ Single ☐ Marrie	ed	
If you would like inf complete the followi		nny of the Joint & Survivor Benefit Optio	ns,
Spouse Name:			
Date of Birth:			
Special Requests:			
			_
			<u> </u>
Team. Your Benefit	Estimate may take up	faxed to the ERS, Attn: Member Relation for to thirty (30) days to process and will otherwise indicated) when complete.	
		OFFICE USE ONLY	
	Date Received:	Date Completed:	
	Rec'd By:	Date Mailed:	
	Notes:		