



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wretirement.com

**Emergency Medical Services
Retirement System (EMSRS)**

Benefit Estimate Request

Please complete and return the following information to this office to obtain an estimate of your retirement benefits. Upon receipt of this information, the Consolidated Public Retirement Board (CPRB) will prepare an estimate of your retirement benefits.

Important Notice: An estimate is merely advisory in nature and is not binding upon either the CPRB or the Member.

Section 1: Employee Information

Full Name	Date of Birth	SSN	CPRB ID
Mailing Address	City	State	Zip Code
Email	Home Telephone	Mobile Telephone	

Section 2: Employment and Service

Current Employer	Work Telephone Number	Number of Years of Service
------------------	-----------------------	----------------------------

Your retirement date is the first day of the calendar month following:

- 1) the Board's receipt of your voluntary application to retire;
- 2) your termination of covered employment; and
- 3) your attainment of normal retirement age.

Indicate the date(s) you anticipate terminating employment (must provide date for an estimate): _____

Do you have military service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please enclose a copy of your DD-214 form.)</i>	Has your military service been credited in another retirement system administered by CPRB? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

If you would like to use unused sick and/or annual leave for additional service credit, list total number of unused days:

Annual Leave Days _____ Sick Leave Days _____

Section 3: Retirement Beneficiary Information - Indicate the person you anticipate to name as beneficiary upon retirement

A non-spouse beneficiary who has an insurable interest in your life and who is ten (10) or more years younger than you may not be eligible to be named as primary beneficiary for any Joint and Survivor Annuity over 50% in most cases.

Beneficiary Name	Beneficiary Date of Birth	Relationship
------------------	---------------------------	--------------

Section 4: Authorization

Signature _____ Date _____

COMMENTS:

