



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

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

**Municipal Police Officers
and Firefighters
Retirement System (MPFRS)**

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 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
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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): _____

If you would like to use unused annual and/or sick leave standing to your credit with your last covered employment employer at the time of your retirement for additional service credit, list the total number of unused leave in **hours**.

Annual Leave Hours _____ Sick Leave Hours _____

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
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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
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Section 4: Authorization

Signature _____ Date _____

COMMENTS:

