



**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

**Natural Resources  
Police Officers  
Retirement System (NRPORS)**

**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 Information**

Employer	Date of Hire	Number of Years of Service	Work Telephone Number
Division of Natural Resources			

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 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
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If you were hired prior to July 1, 2015 and do not have a break in service between termination of employment and your effective retirement date and would like to use unused sick and/or annual leave for additional service credit, list total number of accrued unused leave 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:

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