



**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

**West Virginia State Police  
Trooper Plan B (WVSP-B)**

**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): \_\_\_\_\_

Do you have military service? <i>(If yes, please enclose a copy of your DD-214 form.)</i>	Yes    No	Has your military service been credited in another retirement system administered by CPRB?	Yes    No
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If you: 1) are an employee who was hired prior to July 1, 2015; 2) are immediately eligible for retirement upon termination of employment; and 3) 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: Spouse Information**

Are you married?	Yes    No	Spouse's Name	Spouse's Date of Birth
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**Section 4: Authorization**

Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS:

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