

**West Virginia State Police
Retirement System (Plan B)
Request for Estimate of Retirement Benefits**

Name: _____ SSN: _____

Address: _____ Date of Birth: _____

City/State: _____ Zip Code: _____ Home Phone#: _____

Date of Hire: _____ Number of Years of Service: _____ Work Phone#: _____

I anticipate my **last day of work** will be: _____ *(Must be included for an estimate)*

List Any Breaks In Service: _____

Retirement Date: _____ *(Your retirement date will be the first day of the month following that in which you last worked.)*

Type of Retirement I will be applying for: (Circle one)

Early Regular Deferred

Do you want your sick/annual leave used to increase your retirement benefit? Yes No

If yes, give number of sick/annual days: _____

Do you have military service? Yes No *(If yes, make sure we have a copy of your DD214 on file.)*

Spouse's Name: _____ Spouse's Date of Birth: _____

Spouse's SSN: _____ Spouse's Sex: M / F

* Your signature: _____ Date: _____

** This form is invalid without your signature.*

Return completed form to the attention of R. Christopher Bush at the above address.

COMMENTS: _____