

City of Ann Arbor Employees' Retirement System
RETIREMENT ESTIMATE REQUEST

Name: _____ Date of Request: _____

Department/Service Area: _____ Union: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Estimated retirement date: _____ Hire Date: _____

Daytime phone #: _____ EDRO on file? Yes No

Would you like us to list a beneficiary? Yes No

If yes, name: _____ Date of Birth: _____

Have you ever been on Worker's Comp., Short Term Disability, Leave w/o pay? _____

If so, what were the dates? _____

Have you ever worked part-time? _____

If so, what were the dates? _____

Have you applied for, and received approval, from the Retirement System's Board of Trustees for Reciprocal Credit and/or Military Service Credit? Yes No

If yes, check all that apply:

Reciprocal Credit

Years/months of approved Credit: _____

Month/year approved by the Board of Trustees: _____

Military Service Credit

Years/months of approved Service Credit: _____

Month/year approved by the Board of Trustees: _____

Temporary-to-Permanent Service Time

Years/months of service with the City: _____

Date your purchase was completed: _____

How would you like to receive your estimate?

Email: _____

Home address: _____

Interoffice mail

Pick up

For your information:

The following factors will be taken into consideration to calculate your estimate:

1. Final pay-out will be based on total hours you have at the time of the estimate.
2. No future projections for different rate of pay will be used in this estimate.
3. No future special pays, such as Fire Holiday, etc. will be included.