

IMPERIAL COUNTY EMPLOYEES RETIREMENT SYSTEM RETIREMENT ALLOWANCE ESTIMATE REQUEST

If you are planning to retire in the near future and would like a retirement estimate, please complete this form.

THIS FORM IS NOT AN APPLICATION FOR RETIREMENT. IF YOU ARE APPLYING FOR RETIREMENT, PLEASE CONTACT THE COUNTY RETIREMENT OFFICE FOR AN APPLICATION FOR RETIREMENT.

Your retirement estimate will be mailed to the address you indicate on this form within approximately six weeks, or you may pick it up at our office. Your estimate cannot be processed unless all information on this form is completed.

Date: _____

Signature

<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>Social Security # _____</p> <p>Birthdate _____ _____ _____ Month Day Year</p> <p>Telephone Work () _____</p> <p>_____</p> <p>Home () _____</p> <p>_____</p>
<p>Beneficiary's Name: _____</p> <p>Spouse <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Birthdate: _____ _____ _____ Month Day Year</p>	

<p>Estimate Retirement Dates</p> <p>Estimate 1 _____ _____ _____ Month Day Year</p> <p>Estimate 2 _____ _____ _____ Month Day Year</p>	<p>Type of Estimate</p> <p>Service Retirement <input type="checkbox"/></p> <p>Non Service Connected Disability <input type="checkbox"/></p> <p>Service Connected Disability <input type="checkbox"/></p>
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Number of vacation hours as of last pay period _____

Number of sick leave hours as of last pay period _____

Buy back sick hours _____ Buy back vacation hours (Dept heads' _____