SAVE FORM CLEAR FORM

StanCERA Stanislaus County Employees' Retirement Association

SERVICE RETIREMENT ESTIMATE FOR VESTED MEMBRERS

PLEASE TYPE OR PRINT IN INK

FIRST NAME:	MI:	LAST NAME:		
MAILING ADDRESS:				
CITY:		STATE:	ZIP:	DATE OF BIRTH:
HOME PHONE:	WORK PHONE:			SOCIAL SECURITY NUMBER:
EMPLOYER:	DEPARTMENT:			EMPLOYEE ID:
E-MAIL ADDRESS:				

I would like to request estimates for retirement on (*within 3 years from today's date*):

Date 1:	Date 2:	Date 3:
_____	_____	_____

I would like StanCERA to use the following Final Average Monthly Salary:

☐ Current highest on file (*StanCERA will not project additional pays*)

☐ My own estimated calculation (may include vacation cash out, pay increase, etc.) of $_____

☐ My reciprocal estimated amount of $_____

Social Security Benefits:
Social Security estimated amount at age 62 (you obtained from Social Security) if retirement date will be before age 62. $_____

PLEASE NOTE: ***Tier 3 members must attach a copy of their current Social Security Estimate.***

IMPORTANT INFORMATION:

Please allow 8-12 months for completion of estimates.

StanCERA will calculate one estimate request per member in a 6-month period. The member may choose up to 3 dates within 3 years of the submission date.

Estimate requests beyond 3 years or within 6 months of the date of the last calculation, please visit our website, www.stancera.org , to use the benefits calculator.

Member Signature: _____ Date: _____