

Benefit Estimate Request

Use this form to request an estimate of your retirement benefits if you are within five years of retirement. Please print legibly. This form can be submitted to SCERS by email, mail, fax, in-person or send via secure message on your Member Self-Service portal account.

Please see "<u>How to Retire</u>" on our website for more information about the retirement process. Seattle Municipal Code requires you to meet with your retirement specialist at least 30 days before your retirement date.

Member Information

Name (First, Middle Initial, Last)		Today's Date	SCERS ID (for office use only)	
Last 4 Social Security #	Primary Phone Number	Primary Email Address		
Please indicate how you would like to receive your completed estimate:				
\Box Mailed to address on file	\square Emailed to personal email address on record			

Additional Information

Spouse's Date of Birth			Proposed Retirement Date for Estimate Purposes Only	
Do you have contributions in DRS or another Washington State public retirement system?		If yes, which system?		
□Yes	□ No			
		□City of Spokane	□City of Tacoma	

Comments (optional)

Signature

Date

Seattle City Employees' Retirement System, Jeffrey S. Davis, Executive Director 720 Third Avenue, Suite 900, Seattle, Washington 98104 Fax: 206.386.1506 Rev. 03/21/2024