

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 drop box during times of Covid) 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 Ad	ddress	
Please indicate how you would like to receive your completed estimate:					
☐ Mailed to address on file ☐ 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?			
		□DRS			
□Yes □ No)		City of Spokane	□City o	of Tacoma
Comments (optional)					

Seattle City Employees' Retirement System, Jeffrey S. Davis, Executive Director 720 Third Avenue, Suite 900, Seattle, Washington 98104

Date

Fax: 206.386.1506 Rev. 10/07/2021

Signature