Pension Estimate Request

The following computations are based upon available data and reasonable assumptions as to future earnings and service credit. This form is intended to provide a retirement estimate for those members making tentative plans for retirement within 5 years. Final computations will be completed pursuant to Ohio Administrative Code 5505-7-09.

Section 1 – Member Information

Member's Name _____ DOB _____

Spouse's Name _____ DOB _____

Projected last day of work: _____

Section 2 – Payment Plan Selection

Plan descriptions: *(See **Preparing for Retirement** or **Member Handbook** at* www.ohprs.org*)*

A surviving spouse is automatically eligible to receive a flat rate as determined by the Board. Any combination of payments made to a surviving spouse and/or any other beneficiary selected under the **Joint and Survivor Annuity** or **Life Annuity Certain and Continuous** cannot exceed the pension amount the retirant was receiving at the time of death.

☐ Single Life Annuity

☐ Joint and Survivor Annuity (1% to100%) _____ %

        Beneficiary Name: _____ DOB: _____
        (necessary with this option)

☐ Life Annuity Certain and Continuous _____ (5 to 20 years)

        Beneficiary, Trust, or Estate Name: _____

Section 3 – Partial Lump Sum (PLUS)

In addition to the payment plan you selected for retirement you may select this one-time partial lump sum payment at retirement with a reduced monthly lifetime benefit. To be eligible for this option, you must have attained age 51 with at least 25 years of total service credit or age 52 with at least 20 years of total service credit.

☐ *I want to receive the minimum six times my Single Life Annuity monthly benefit (amount will be rounded up to nearest $1,000)*

☐ *I want to receive the maximum 60 times my Single Life Annuity monthly benefit (amount will be rounded down to nearest $1,000)*

☐ *I want to receive a Partial Lump Sum payment of $ _____ (whole dollar amount)*

I understand a pension estimate is based on the most current information provided to HPRS by the State Highway Patrol. I understand my final pension amount will be calculated pursuant to Ohio Administrative Code 5505-7-09 and may differ from this estimate.

▶ _____   _____
   Signature   **Date**