



SFERS

San Francisco Employees' Retirement System

Active Member Services Division
1145 Market Street, 5th Floor
San Francisco, CA 94103

FOR OFFICE USE ONLY

Date Received by SFERS: _____

By SFERS Staff Member: _____

Retirement Estimate Request

THIS IS NOT AN APPLICATION FOR SFERS RETIREMENT BENEFITS. SFERS will provide a benefit estimate only for members eligible for service retirement or vesting retirement within one year from the date of this request – you must be at least age 50 with 5 or more years of service credit within 1 year from the date of this request. Your written estimate of your SFERS retirement benefits will be provided within 6 - 8 weeks of receipt of your request. The written estimates will be mailed to the mailing address provided or to your business or personal e-mail address provided below. Information regarding SFERS disability retirement is available by making a retirement appointment with SFERS Member Services by calling 415-487-7000 or 888-849-0777 (Toll free).

Your SFERS retirement benefit estimate will be based on SFERS membership information or your member account balance contained in your membership file as of the date of your request. The estimates provided are not a guarantee of eligibility for service or vesting retirement or benefit amounts. This estimate is provided for planning purposes only. **No more than 1 estimate will be provided for any 12-month period.** If you are interested in electing SFERS service retirement, you must make an appointment with SFERS Member Services by calling 415-487-7000 or 888-849-0777.

Note: If you terminate City employment or receive a layoff notice, you are required to bring a copy of your separation report or layoff notice to this office to be counseled regarding your benefit options.

In order to process your *Request for Estimate*, please provide the following information:

1. Member Information			
Name (First, Middle Initial, Last)	Social Security Number	Birth Date	Today's Date
Mailing Address (Street, Apartment Number)		Daytime Phone Number	
Mailing Address (City, State, Zip Code)		Business or Personal E-Mail Address	
Current Membership Category (Check one box)		Position/Title	
<input type="checkbox"/> Miscellaneous <input type="checkbox"/> Police <input type="checkbox"/> Fire		Department/Division/Branch	

2. Type of Retirement	
<input type="checkbox"/> Service Retirement <input type="checkbox"/> Vesting Retirement	Estimated Retirement Date: _____ [Must be within 1 year from date of this request] <small>(MM/DD/YY)</small>

3. Spouse/Domestic Partner Information	
Marital Status (Check one box.) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership	Spouse/Domestic Partner Information (Complete if applicable.) Date of marriage/domestic partnership registration: _____ Spouse/Domestic Partner Name: _____ Spouse/Domestic Partner Birth Date: _____

Member Signature	
_____	_____
Member Signature	Date