



Estimate of Retirement Benefits Request Form

for RRS members in the Defined or Enhanced Defined Benefit Plan

PLEASE READ THE INFORMATION BELOW PRIOR TO COMPLETION OF THIS FORM

This form is for members of the RRS who are eligible to retire with a defined benefit. Due to the number of forms that the RRS receives, requests can take up to ten (10) business days to process. Individuals can expect to receive their benefit statement(s) in two (2) weeks.



Building your financial future

for RRS members in the **Defined** or **Enhanced Defined** Benefit Plan only

PART A. MEMBER INFORMATION		
Name:	Birth Date:	Last 4 SSN:
Address:		
Office Phone:	Home Phone:	Fax:
Email:		
Department:	Title/Position:	

PART B. ESTIMATE REQUEST

*Retirement Date: Alternate Date 1:
 *Retirement Date must be on the 1st of the month. Alternate Date 2:

PART C. SURVIVOR INFORMATION (Complete if you would like information on a survivor benefit payment.)

Survivor Name: Birth Date:

PART D. ADDITIONAL RETIREMENT-RELATED QUESTIONS

- Are you currently a full-time, permanent employee working for the City of Richmond or RBHA? Yes No
- Are you planning to file for disability retirement? Yes No
- Are you currently receiving Workers' Compensation Benefits? Yes No
- Do you have additional service? (Check all that apply)
 - I have additional prior service Employment Date(s): _____
 - I have purchased prior service Purchase Date: _____
 - I have transferred service in accordance with a portability of service agreement

PART E. DELIVERY METHOD (Choose One)

- USPS First Class Mail
- I would like to be called, so that I can pick this information up from the RRS office.
- Please email information to: _____

Notes

PART F. CERTIFICATION

I certify that the information provided on this form is true and accurate to the best of my knowledge.

Member's Signature: _____ Date: _____

RRS USE ONLY		ID Checked?
Processed By:	Date:	<input type="checkbox"/> Yes
Reviewed By:	Date:	<input type="checkbox"/> No