



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

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TRS Office Use Only

**REQUEST FOR AN
ESTIMATE OF BENEFITS**

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

MEMBER INFORMATION

First _____ Middle _____ Last _____ Suffix _____
Printed Name

_____ - _____ - _____
Maiden Name Date of Birth Social Security Number

_____ - _____ - _____
Mailing Address--Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code) Area Code & Telephone Number

Estimates are provided as a service to our members. Please remember this is only an estimate. Your estimated benefit amount will be calculated under all of the options available, as well as the three options available with regard to the use of termination pay.

Primary Beneficiary's Name

Primary Beneficiary's Date of Birth

\$ _____
Final Year Contract Amount

\$ _____
Other Compensation *

\$ _____
Termination Pay Amount **

Termination Date

Effective Retirement Date ***

* Other Compensation may include, but is not limited to, summer school, driver's education, coaching, etc.

** Termination Pay means any form of bona fide vacation and/or sick leave, severance pay, amounts provided under a window or early retirement incentive plan, or other payments paid at the time of retirement and termination of employment and on which employee and employer contributions will be paid.

*** Your effective retirement date is the first of the month following the last pupil instruction day, pupil-instruction-related day, or termination date.

If your retirement date is not in the current fiscal year, please provide projections of what your three highest consecutive years' salaries will be at the time of retirement:

\$ _____	\$ _____	\$ _____
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Member's Signature

Date

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST