



11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377 Fax – 503-598-0561
Website – <https://oregon.gov/pers>

Oregon Public Service Retirement Plan (OPSRP) Estimate Request

Important: Read instructions before you complete and submit the attached form.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned, which could delay your request.
- Sign the bottom of the form, and mail to PERS at PO Box 23700, Tigard OR 97281-3700, or fax it to Member Services at 503-598-0561.

Section A: Member information

Fill in the member information section completely.

- Enter your Social Security number (SSN) and your PERS ID. If you do not know your PERS ID, leave the PERS ID field blank. Your PERS ID can be found on your annual statement(s). Providing your SSN is also optional; however, providing at least one of these IDs assists in locating your account.
- Enter your mailing address. If you recently moved and you are:
 - Currently employed in a PERS-covered position, you must inform your employer of your new address.
 - No longer employed in a PERS-covered position, complete the [Information Change Request](#) form.
- Enter your date of birth.
- Enter your home, work, and cell phone numbers including the area codes. Include an extension number if you have one.
- Enter your personal email address. Confirmation and followup letters are sent via email whenever possible.

Section B: Retirement date and PERS employer name

Two estimates will be provided free of charge in a calendar year. We can only provide estimates for retirement dates within the upcoming 24 months.

The retirement date entered must be after the date employed, must be after the date PERS receives your form and must be within the upcoming 24 months.

We are unable to advise exactly when your request will be processed. PERS processes many written benefit estimate requests in retirement date order, with the earliest retirement dates first. Estimate processing time may vary from member to member as each account is different.

- Enter the last day you were employed or the last day you expect to be employed.
- Enter the name of your current or most recent PERS employer.
- Enter the month and year you wish to retire. Retirement dates are always on the **first of the month**. You can use only one date per estimate request.

Section C: Beneficiary information

You may name only one beneficiary.

- Enter the first name of your beneficiary (last name is optional) and their date of birth so we can provide the full- and half-survivorship options.
- If you leave this section blank, we cannot provide estimates for survivorship options.
- Estates and trusts may not be named as beneficiary for any OPSRP retirement option.
- The younger your beneficiary is, the lower your survivorship option benefits will be. (Survivorship options include full-survivorship, half-survivorship, full-survivorship increase, and half-survivorship increase.)
- **Providing a beneficiary for your benefit estimate does not impact your preretirement beneficiary prescribed by statute.**

Section D: Signature

Sign the form, and mail to PERS at PO Box 23700, Tigard OR 97281-3700, or fax it to Member Services at 503-598-0561.

Information page for form #459-533 (7/31/2023) SL-3 IIM Code: 29984



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29984

Oregon Public Service Retirement Plan (OPSRP) Estimate Request

This form is strictly for the OPSRP Pension Program. Call PERS or visit our website if this is not the form you need.

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name		MI	Last name		Social Security number*
Mailing address (street or PO box)					PERS ID (optional)
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number	Cellphone number		Personal email	

Section B: Retirement date and PERS employer name

Note: Only one retirement date per form.

Last day employed or last day you expect to be employed (mm/dd/yyyy)	Name of current or most recent PERS employer
My retirement date is the first day of: ** <div style="display: flex; justify-content: space-around; margin-top: 10px;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Month Year </div>	
** The month and year you enter above, must be after the date PERS receives your form and must be within the upcoming 24 months.	

Section C: Beneficiary information

You may name only one beneficiary.

Beneficiary's name	Beneficiary's date of birth (mm/dd/yyyy)
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Section D: Signature

Signature

Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.