



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>

## Tier One/Tier Two Estimate Request Instructions

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

### General information

- 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 follow-up letters are sent via email whenever possible.

### Section B: Residency information

Please check the box that reflects whether you expect to be a resident of the state of Oregon when you begin to receive your retirement benefit. Your estimated benefit will be calculated based on your expected residency. Therefore, providing your expected residency will result in a more accurate benefit estimate.

**Note:** Your state residency at the time you receive benefits may affect a portion of your benefits. You will be required to certify your residency when you apply for retirement benefits.

### Section C: 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 PERS benefits retirement date must be after the date PERS receives your form, must be after you expect to terminate employment with all PERS participating employers, and must be a future date 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 want to retire your PERS benefits. Retirement dates are always on the **first of the month**. You can use only one date per estimate request.

## Section D: Beneficiary information

### You may only provide one beneficiary per estimate request.

- Enter the first name of your beneficiary (last name is not required) and their year 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. (Survivorship options include Options 2, 2A, 3, and 3A.)
- Survivorship options are not available if your beneficiary is an estate, trust or charity. The younger your beneficiary is, the lower your survivorship option benefits will be.
- **Providing a beneficiary for your benefit estimate does not change your current preretirement beneficiary designation on file with PERS.**

## Section E: Unused sick leave, unused vacation, and compensatory hours at retirement

Review your employment contract or check with your employer for any limitations on the number of hours for which you can be paid. If your employer participates in the PERS **unused sick leave program**, enter the number of hours of unused sick leave you expect to have when you terminate employment. Do not include the number of unused sick leave hours you expect your employer to compensate you for when you leave your position. Review your employment contract or check with your employer to find out if it participates in the PERS unused sick leave program.

Enter the number of unused **vacation and compensatory (comp) time** hours you expect your employer to compensate you for when you terminate employment. Enter hours as a whole number, not as fractions of an hour. Unused vacation and compensatory hours can often be found on your check stub.

Enter your most recent PERS-covered **hourly salary** so PERS can calculate your monthly final average salary.

## Section F: Purchases

### All eligible waiting time and refunded time purchases are automatically included in the estimate.

Provide any additional information about purchases you may be eligible for at retirement. Example: “I want to purchase four years of prior military time. Enclosed is a copy of my military discharge form,” or “I want to purchase four years of state teaching time from the Billings Montana Public School System. I worked from September 4, 1975, to June 15, 1980.” Most purchases must be made before retirement. See [purchase information](#) on the PERS website for a list and description of purchases.

For Police and Firefighter (P&F): The unit benefit effective date is the date you want your P&F unit benefit to begin. This can be different than but cannot be before your effective retirement date. For more information visit the [PERS website](#).

## Section G: Signature

**Sign the form.** Do not print. A handwritten signature is required. Electronic and digital signatures are not accepted. Mail to PERS at PO Box 23700, Tigard OR 97281-3700, or fax it to Member Services at 503-598-0561.



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## Tier One/Tier Two Estimate Request

This form is strictly for the PERS Tier One/Tier Two 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	Cell phone number	Personal email	

### Section B: Residency certification

For purposes of this estimate, please assume the following:

- I will be a resident of the state of Oregon when the benefits are paid.
- I will **not** be a resident of the state of Oregon when the benefits are paid.

### Section C: 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
<b>My PERS benefits retirement date is the first day of: **</b> _____ Month _____ Year	
<b>** The Month and Year you enter above, must:</b> <ul style="list-style-type: none"> <li>• be after the date PERS receives your form,</li> <li>• be after you expect to terminate employment with all PERS participating employers, and</li> <li>• be a future date within the upcoming 24 months.</li> </ul>	

### Section D: Beneficiary information

**This information is for estimate purposes only. The person listed below will NOT be considered your designated beneficiary.**

Beneficiary's name	Beneficiary's YEAR of birth (yyyy)
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### Section E: Unused sick leave, unused vacation, and compensatory hours at retirement

Sick leave hours	Vacation/compensatory hours	Hourly salary \$
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### Section F: Purchases (Waiting time and refunded time are automatically included if you are eligible.)

- Police officer and firefighter unit purchase Date to begin unit benefit payments: \_\_\_\_\_
- Other purchases/requests (Please provide the name of the purchase or the type of purchase.)

### Section G: Signature (Electronic and digital signatures are not accepted.)

Signature (do not print, must be a handwritten 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. Form #459-075 (10/8/2024) SL-3 IIM Code: 9984