

Request for Post 30-Year Program Benefit Estimate (TRS Plan 1)

Toll Free: 1-800-547-6657
Local: 360-664-7000
TDD: 360-586-5450

Complete (type or print) all requested information, sign, date and return this form to DRS. **Note:** This is **not** an election form, DRS will include a form for election to participate in the Post 30-Year Program with your benefit estimate.

Last name	First name	Middle name	Social Security Number	
Telephone Number (Daytime)		Telephone Number (Evening)		Birth Date
Street				
City			State	Zip
Current Employer		Your Position		

1. Have you previously retired under Washington State Teacher's Retirement System (TRS)? Yes No

2. What is your estimated last day of service? _____
month / day / year

3. What was your total compensation for the most recently completed contracted year? \$_____

4. What is your projected total compensation for each year after the year entered in #3, until you retire?

\$_____ \$_____ \$_____ \$_____ \$_____

5. What is your vacation leave cash out (if applicable) on your last day of service? \$_____

6. What is the date of birth for your continuing beneficiary? _____
(TRS will calculate benefit estimates under all benefit payment options.) month / day / year

Signature

Date signed

**Return completed form to the Department of Retirement Systems
PO Box 48380, Olympia, WA 98504-8380**

This form requests that you provide your Social Security Number. Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS is mandatory.
- DRS will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security Number to any party unless required by law.

