

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 CORPORATE WOODS DRIVE
ALBANY, NY 12211-2395
FAX NUMBER 518-447-2720

ESTIMATE REQUEST
(PLEASE COMPLETE IN INK)

MEMBERSHIP NUMBER: _____
OR
SOCIAL SECURITY NUMBER: _____
MEMBER'S NAME _____
TELEPHONE NUMBER: (_____) _____
area code

ESTIMATE ONE ESTIMATE TWO

DATES OF RETIREMENT: _____
month day year month day year

CEASE TEACHING DATES: _____
month day year month day year

SCHOOL YEAR _____

CONTRACT SALARY _____

PAYMENT FOR UNUSED LEAVE _____

ADDITIONAL EARNINGS: (SUMMER, COACHING, ETC.) _____

AMOUNT OF ANY RETIREMENT INCENTIVE OR BONUS _____

BENEFICIARY'S DATE OF BIRTH _____ BENEFICIARY'S SEX: ___M ___F
month day year

ESTIMATES WILL BE SENT BY FIRST CLASS MAIL TO THE ADDRESS CURRENTLY IN OUR FILES. IF YOU WISH TO CHANGE THE PERMANENT ADDRESS USED BY THE SYSTEM, COMPLETE AND SIGN THE SECTION BELOW:

NEW ADDRESS: STREET AND NUMBER _____
CITY, STATE, ZIP _____

SIGNATURE _____