



Denver Employees Retirement Plan
777 Pearl Street
Denver, Colorado 80203-3717
Ph. (303)839-5419 Fax (303)839-9525
www.derp.org - e-mail: mbrsvs@derp.org

Request for Estimate

I, _____ hereby authorize and request Denver
please print
Employees Retirement Plan to calculate the retirement benefits I have indicated below.

Type I - Full Benefit *ONLY*

Type I and Type II - Full Benefit *and* Joint and Survivor

If you select the Type II Joint and Survivor Benefit, you must complete the following beneficiary information.

Beneficiary name: _____ Birthdate: _____

Relationship: _____ Sex: M / F

Retirement dates or ages to be used in calculating your estimate:

Your average monthly salary will include the amount you are paid for your accumulated sick and vacation at retirement, if your last 36 consecutive months' salary are the highest. If you would like your retirement estimate to include this amount, include your accrued sick leave _____, vacation leave _____, and hourly wage _____.

Member's mailing address:

_____ address

_____ city

_____ state

_____ zip code

_____ phone number

Signature: _____

Date: _____

File Number: _____