



AUTHORIZATION/REQUEST FOR A DRO ESTIMATE

DENVER EMPLOYEES RETIREMENT PLAN
777 Pearl Street
Denver, Colorado 80203-3717

Phone: (303) 839-5419 Fax: (303) 839-9525
e-mail: mbrsvs@derp.org

PLEASE PRINT OR TYPE

Member Number: _____

I, _____, hereby authorize the Denver Employees Retirement Plan to provide _____ (name of person to receive) with an estimate of my monthly retirement benefit at the normal retirement age for the period of _____ (period of marriage during employment with the City or DHHA). I understand that this estimate shall be based on my normal/unreduced retirement benefit.

Please complete the information below:

Member's name: _____

Your Social Security number: _____

Spouse's name: _____

Spouse's Social Security number: _____

Spouse's Date of Birth _____

Date you were married: _____

Expected date of divorce: _____

Member Signature: _____ **Date:** _____

Mailing address: _____
Address City State Zip

Daytime phone number: _____