

State of Hawaii
Employees' Retirement System
201 Merchant Street, Suite 1400
Honolulu, HI 96813-2980

http://www4.hawaii.gov/ers

FOR ERS USE ONLY			
Init: _____	Recd _____		
<u>Send</u>	<u>Confirmed</u>		
Worksheet: <input type="checkbox"/>	Date: _____		
Packet: <input type="checkbox"/>	Time: _____		
Initials: _____			
<input type="checkbox"/> P	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> S
<input type="checkbox"/> O	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> F

REQUEST FOR RETIREMENT ESTIMATES

(SUBMIT FORM 6 MONTHS PRIOR TO RETIREMENT DATE)

Name: _____ First M.I. Last Suffix		Social Security No: _____		Ret Plan: Check One <input type="checkbox"/> Contributory <input type="checkbox"/> Noncontributory <input type="checkbox"/> Hybrid	
Mailing Address _____ _____ Apt. No. _____ City State Zip Code		Birth Date: _____ MM / DD / YYYY		Daytime Phone: () _____ Ext. _____	
		Alternate Phone: () _____ Ext. _____			
Retirement Date: (Choose Only One) Note: Must be within 6 months of current date _____ /01/ _____ or 12/31/ _____ MM YYYY or YYYY		Retirement Type: <input type="checkbox"/> Regular or <input type="checkbox"/> Deferred or <input type="checkbox"/> Ordinary Disability or <input type="checkbox"/> Service-Connected Disability (Accident Date: _____) MM / DD / YYYY			
Your retirement date must be the 1st of the month except for December when retirement can be either the 1st or 31st of the month.					
Current or Last Employer: _____		Position Title: _____		<input type="checkbox"/> State or <input type="checkbox"/> County of _____	
Department: _____					
Beneficiary Information					
Name: _____ First M.I. Last Suffix		Birth Date: _____ MM / DD / YYYY			
Relationship: _____		Social Security Number: _____			
If you have a pending claim for acquisition of service credit, check the type of service you are claiming and notate the date your claim was submitted: _____ MM / DD / YYYY					
_____ * Military Service (Active Duty)		_____ Maternity Leave (Prior to 7/1/1973)		_____ Previous Service (Prior to Membership Date)	
* If you need to file a claim for military service, contact the ERS to request this claim form, or visit our website to print it. All requests and payments must be completed before your retirement date.					
List below any additional service you wish to claim: (Check <u>all</u> that apply)					
PERIOD(S)		EMPLOYER		EMPLOYMENT INFORMATION	
From (MM / YY)	To (MM / YY)	State or County	Department	Position Title	Full-time, Part-time, or Temporary