

Benefit Estimate Request

MEMBER INFORMATION:

Full Name: _____ Personnel Number: _____

Daytime Phone #: _____ Date of Birth: _____

Return Estimate to me by:

Mail to address in IRIS: Home Office

Email or FAX to: _____

RETIREMENT PLAN INFORMATION:

State:

- Tennessee Consolidated Retirement System (TCRS) TCRS Hybrid
 Joint Contributory Retirement System (JCRS)
 Optional Retirement Program (ORP)

Federal:

- Civil Service Retirement System (CSRS)
 Federal Employees Retirement System (FERS)

Estimated Date of Retirement: (**Limit 1**) _____ (Example: 01/01/2017) _

For Social Security Leveling estimate (TCRS only), please enter estimated Social Security benefit amount for age 62: ___\$_____

BENEFICIARY INFORMATION:

Beneficiary's Date of Birth: _____
(Required for survivor options, **One DOB ONLY**)

Send this request to:
Benefits & Retirement Office
600 Henley Street, Suite # 221
Knoxville, TN 37996-4125

OR

FAX to: (865) 974-3559
Scan completed form and email to:
benefits@tennessee.edu