PERS Oregon Public Employees Retirement System

11410 SW 68th Parkway, Tigard OR 97223
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Phone – 503-598-7377 toll free – 888-320-7377
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9984B

PERS Additional Estimate Fee Agreement

This form is strictly for the PERS Chapter 238 program (Tier One/Tier Two). Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			PERS number
City State Zip Country			Date of birth (mm-dd-yyyy)
Day phone number	Evening phone number		E-mail (optional)

Section B: Additional estimate request

All estimate requests will be processed in retirement date order.

I understand I must pay $60 for each additional benefit estimate request beyond the two free estimate requests PERS prepares for me within the same calendar year.

I would like to purchase _____ additional estimate request(s) at this time.
(number of)

I have enclosed a completed Estimate Request form and a check in the amount of $_____ with this form.

Note: We cannot process your request until we receive your payment.

Section C: Signature

_____ _____
Signature (do not print) Date

Office use only
☒ PERS ☐ OPSRP ☐ IAP

❑ Member ❑ Alternate payee
❑ Cross reference member SSN

Check number _____
Check amount $_____
RA date _____
Initials _____

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling **503-598-7377, toll free 888-320-7377**, or **TTY 503-603-7766.**

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Print Form *Clear Fields*