



Montana Teachers' Retirement System

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TRS Office Use Only

FORM 112: REQUEST FOR AN ESTIMATE OF BENEFITS

In compliance with the Americans with Disabilities Act of 1990, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

MEMBER INFORMATION

Full Name: First		Middle	Last	Suffix	Birth Date (mm/dd/yyyy)
Maiden or Other Name Previously Reported to TRS					X X X - X X - Social Security Number
Mailing Address: Street or P.O. Box		City	State	ZIP Code (use Zip+4 if known)	

As a service to you, TRS will provide **estimated** benefit amounts under each of the retirement allowances available to you. The estimate also will show options for including termination pay in the calculation of your benefit.

Complete each field below, entering exact amounts in dollars and cents where indicated.

Primary Beneficiary's Name	Primary Beneficiary's Birth Date (mm/dd/yyyy)
\$ Final Year Contract Amount (enter dollars and cents)	\$ Other Compensation* (enter dollars and cents)
\$ Termination Pay Amount† (enter dollars and cents)	Termination Date (mm/dd/yyyy)
Effective Retirement Date‡ (mm/dd/yyyy)	

* Other Compensation may include, but is not limited to, amounts paid to you for summer school, driver's education, coaching, etc.

† Termination Pay means any form of bona fide vacation and/or sick leave, severance pay, amounts provided under a window or early retirement incentive plan, or other payments paid at the time of retirement and termination of employment and on which employee and employer contributions will be paid.

‡ Your effective retirement date is the first of the month following the last pupil instruction day, pupil-instruction-related day, or termination date.

If your retirement date is not in the current fiscal year, please provide projections of what your three highest consecutive years' salaries will be at the time of retirement:

\$	\$	\$
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Member's Signature _____ Date _____