

# NORTH CAROLINA STATE UNIVERSITY UNIVERSITY BENEFITS DEPARTMENT

## REQUEST FOR ESTIMATE OF MONTHLY RETIREMENT BENEFITS

### TEACHERS & STATE RETIREMENT SYSTEM (TSERS)

FAX TO:  
DEPARTMENT OF STATE TREASURER  
RETIREMENT SYSTEMS DIVISION  
325 N. SALISBURY STREET  
RALEIGH, NORTH CAROLINA 27603-1388  
PHONE: (919) 733-4191  
FAX NUMBER: (919) 508-5350

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are You a Law Enforcement Officer?  Yes or  No

Contract Bases  9 Months  10 Months  11 Months  12 Months

1st Date of Retirement Estimate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Unused Sick Leave \_\_\_\_\_ (Days/hours) Circle One

Unused Vacation Leave \_\_\_\_\_ (Days/hours) Circle One

2nd Date of Retirement Estimate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(If Second Choice)

Unused Sick Leave \_\_\_\_\_ (Days/hours) Circle One

Unused Vacation Leave \_\_\_\_\_ (Days/hours) Circle One

#### **Beneficiary Information -Optional**

Name of Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth (Beneficiary) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_