



# Montana Teachers' Retirement System

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trs.mt.gov

TRS Office Use Only

## FORM 112: REQUEST FOR AN ESTIMATE OF BENEFITS

In compliance with the Americans with Disabilities Act of 1992, 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 - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

Estimates are provided as a service to our members. Please remember this is only an estimate. Your estimated benefit amount will be calculated under all of the options available, as well as the three options available with regard to the use of termination pay.

*Please enter exact dollar amounts in dollars and cents.*

Primary Beneficiary's Name

Primary Beneficiary's Birth Date (mm/dd/yyyy)

\$

\$

Final Year Contract Amount

Other Compensation\*

\$

Termination Pay Amount<sup>†</sup>

Termination Date (mm/dd/yyyy)

Effective Retirement Date<sup>‡</sup> (mm/dd/yyyy)

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

<sup>†</sup> 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.

<sup>‡</sup> 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