

City of Lansing
Employees' Retirement System
Request for and Estimate Under the Window of Opportunity
July 1, 1992 through January 4, 1993
Last Date to Sign up & Irrevocable December 1, 1992
30 Day Notice Required Under the Ordinance

Name _____ Date _____

Social Security Number _____

Members Date of Birth _____

Retirement Date _____

Department _____ Classification _____

Home Address _____

City _____ State _____ Zip Code _____

Spouse or Beneficiary Information

Name _____ SS# _____

Birthdate _____ Relationship _____

Beneficiaries Place of Birth _____

Date of Marriage (if your spouse is beneficiary) _____

LIMITATIONS

Please note that the total pension benefit payable is limited to the maximum benefit allowed by Section 415 of the Internal Revenue Code. The Section 415 limits are affected by deferred compensation.

Do you have deferred compensation? (Check one) Yes No

YOU WILL NEED TO FILL OUT THE DATA BELOW WHEN YOU PLAN TO RETIRE

(Please save a copy of this form to complete when you decide)

Where do you want your check mailed to? (If the check goes to a bank or credit union you must provide the account number)

What type of Health Care do you have through the City of Lansing?

Check One:

Blue Cross Health Central PHP B/C Plan D

If you have Blue Cross do you have Ward or Semi Private (If you have Semi Private you will have a deduction from you check each month) Check one: Ward Semi Private

Who is covered under you Health Care Plan? (List names and birthdates including yourself and spouse.)

Day Telephone Number _____