



Teachers' Retirement System of the State of Kentucky

Request for Estimate of Retirement Benefits

Complete and return the following information

TRS Member's Name	TRS ID:

Primary Phone Number	
Alternate Phone Number	

Beneficiary's Name for Joint-Survivor Annuity	
Beneficiary's Relationship	Beneficiary's Date of Birth
	/ /

Health Insurance	
Current Plan Selection: <i>(Example: LivingWell CDHP or Waive)</i>	
Plan Option: <i>(Example: Single, Family, etc.)</i>	
Tobacco use: <i>(select one)</i>	Yes No

Projected Retirement Date(s) for Estimates		
Use MM/01/YY format. (Retirements only are effective on the first day of the month.)		
/01/	/01/	/01/
Current unused sick days		

