

Registrar's of Voters Employees' Retirement System

P.O. Box 1959, Gonzales, LA 70707-1959
Telephone: 800-510-8515 Fax: 225-647-7914
kathy@larovers.com

Request for Estimate – DROP / Regular Retirement / Post DROP

Effective August 1, 2018, all estimate requests must be made by completing this form. This form may be faxed, emailed or mailed to ROVERS. In order to obtain an estimate, you must be within two (2) years from DROP or Regular Retirement. Members can obtain one free estimate per year. Any additional estimates within 12 months of the last estimate will incur a fee based on the Actuary's rate at the time the request is made. Currently the fee is \$150.00. Please allow 4-6 weeks for your estimate.

Please print

Name	Date of Birth	Social Security Number
------	---------------	------------------------

Mailing Address, City, State, Zip Code

Beneficiary Information

Name	Date of Birth	Social Security Number
------	---------------	------------------------

Relationship to Member

I would like an estimate for DROP / Regular Retirement using _____ as my DROP / Retirement Date.

I would like to use my annual and sick leave balance, less 300 hours of annual leave, towards my DROP benefit _____ YES _____ NO

Please send estimate to me via regular mail _____ or Email _____ (Check one)

I hereby understand that the figures I will receive are estimated and are subject to change once final salary and contributions are received once I enter DROP or Retire.

Member's Signature: _____ Date: _____

Telephone Number: _____ Email: _____