



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

**West Virginia State Police
Trooper Plan A (WVSP-A)**

Benefit Estimate Request

Please complete and return the following information to this office to obtain an estimate of your retirement benefits. Upon receipt of this information, the CPRB will prepare an estimate of your retirement benefits.

Important Notice: An estimate is merely advisory in nature and is not binding upon either the CPRB or the Member.

Section 1: Employee Information

Full Name	Date of Birth	SSN (Last 4 Digits Only)	CPRB ID
Mailing Address	City	State	Zip Code
Email	Home Telephone	Mobile Telephone	

Section 2: Employment and Service

Work Telephone Number	Current Monthly Salary	Current Monthly Overtime	Number of Years of Service
Date of Hire	Indicate the date(s) you anticipate terminating employment (must be provided for estimate)		

List any breaks in service

Do you want your estimate to include sick leave calculated to increase your aggregate earnings? Yes No	If yes, list number of sick leave days (up to 5 decimal places)
Are you planning to take a lump sum payout of your annual leave? Yes No	If yes, list number of annual leave days (up to 5 decimal places)
Do you have military service? Yes No <i>(If yes, please enclose a copy of your DD-214 form.)</i>	Has your military service been credited in another retirement system administered by CPRB? Yes No

Section 3: Spouse and Dependent Child Information

Spouse's Name	Spouse's Date of Birth	Number of Dependent Children
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Section 4: Authorization

Signature _____ Date _____

COMMENTS:

