



# REQUEST FOR RETIREMENT ESTIMATE

**FORM  
108**  
(Rev. 2025)

**Purpose of the Form:** Use this form to request a retirement estimate.

**Instructions:** Complete form in blue/black ink and return to CCCERA. Submit original document only; fax/email copies will not be accepted.

Member Information		
Full Name		Last 4 of Social Security Number
Street or P.O. Box	Apt. #	Employee #
City	State	Zip Code
Daytime Phone Number (with area code)		Work Phone Number (with area code)

Retirement Information		
Retirement date(s) for which you would like an estimate:	Date #1 - mm/dd/yyyy	Date #2 - mm/dd/yyyy

Service Purchase Information (date ranges - mm/dd/yyyy)
Time prior to membership (pick-up):
Redeposit:
Prior public service:
Public Agency _____ Years _____
Military Branch _____ Years _____
Leave of absence:
Service conversion:

Other Comments

RETIREMENT STAFF USE ONLY		
Received by:	Name:	Date - mm/dd/yyyy