

BENEFITS REPORT

PRB-500

RETIREMENT SYSTEM PROFILE

_____ System Name	_____ Phone Number
_____ Report Contact Name (Please Print)	_____ E-mail Address

BACKGROUND INFORMATION

Last Plan Amendment Date..... _____
 Vesting Period..... _____
 Normal Eligibility Requirements (Age + Service)..... _____
 Early Retirement Eligibility Requirements (Age + Service)..... _____
 DROP Eligibility Requirements (Age + Service)..... _____

_____ Minimum Benefit	_____ Maximum Benefit
--------------------------	--------------------------

FORMULAS AND BENEFITS

Normal Retirement Benefit Formula..... _____
 Service Related Disability Benefit Formula..... _____
 Service Related Survivor Benefit Formula..... _____
 Non-Service Related Disability Benefit Formula..... _____
 Non-Service Related Survivor Benefit Formula..... _____

CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Note: For e-mail submissions, by typing your name on the signature line below you are signing this document.

_____ Authorizing Signature	_____ Printed Name
_____ Date	_____ Title