CMERS PENSION ESTIMATE REQUEST
CO-1220 07/2024

MEMBER INSTRUCTIONS:

- This form is required to request a pension estimate for retirement purposes or to enter the DROP plan
- This form must be completed by your municipality and submitted via email to:osc.muniinfocmers@ct.gov
- Parts I, II & III are required for all requests
- Parts IV, V & VI are required if your employment history includes the following: Unpaid Leave, Workers' Compensation, Retroactive Earnings Payments

PART I - MEMBER INFORMATION

LAST NAME	FIRST NAME	M.I.	MEMBER ID	CMERS DEPTID

ADDRESS (Street, City, State, Zip Code)	DATE OF BIRTH	QUALIFIED DOMESTIC RELATIONS ORDER (IF DIVORCED)	
		YES	NO

SPOUSE/OPTIONEE LAST NAME	FIRST NAME	DATE OF BIRTH

PART II - TYPE OF ESTIMATE

Normal Retirement   or   Early Retirement

Disability Retirement   If Yes,   Service-Connected or   Non-Service Connected

DROP Estimate

Retirement Dates

PART III - EMPLOYMENT INFORMATION HISTORY

EMPLOYER (MUNICIPALITY)	ORIGINAL DATE OF HIRE	CURRENT POSITION

List all jobs in chronological order

POSITION	SERVICE DATES		EMPLOYMENT STATUS			
	FROM	TO	FT	PT	HOURS WORKED	FT EQUIVALENT HOURS

PART IV - UNPAID LEAVE

List all periods of unpaid leave and input the total amount of leave (Years, Months, Days). Include the start and end dates for each period and indicate whether the leave was authorized or unauthorized leave (attach additional sheets if necessary)

FROM	TO	AUTHORIZED	UNAUTHORIZED

PART V - WORKERS' COMPENSATION

List all periods of workers' compensation (attach additional sheets if necessary)

FROM	TO

PART VI - RETROACTIVE EARNINGS PAYMENTS

List all retroactive earnings payments issued in the previous 6 years as follows:

PAYMENT AMOUNT	DATE PAID	PAY PERIODS (BEGIN AND END DATES)

PART VII - AUTHORIZATION

EMPLOYER CONTACT NAME	PHONE NUMBER	E-MAIL ADDRESS

EMPLOYER SIGNATURE	DATE

EMPLOYEE SIGNATURE	DATE

PHONE NUMBER	PERSONAL E-MAIL ADDRESS