



NEW CASTLE COUNTY

This is a REQUEST FOR an ESTIMATE of my pension entitlement

This is my official Notice to the Department of Human Resources that I intend to retire.

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| <ol style="list-style-type: none"> 1. Please indicate above if this is a request for an estimate or notice of your retirement! 2. Please provide us with potential retirement date so that we may accurately provide you with information. |
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Employee Name:	Spouse's Name:
Employee ID #:	Spouse's Social Security #:
Birth Date:	Spouse's Birth Date:
Date of Hire:	Current Health Insurance Coverage:
(Anticipated) Effective Date of Retirement:	<u>Request phoned in to office</u>
Employee Address:	Date: _____ (Signature of Employee)

***Employee is still required to provide two weeks written notice of retirement to be eligible for current year accrued vacation benefits.**

HUMAN RESOURCES USE ONLY

Empl ID: _____ **PLAN(S):** [] ALTPLN [] CPGEN [] CPEMS [] DELPEN [] PENAMD
[] PENPLN [] RETAMD [] RETGEN [] RETPOL [] SCGPLN

Adjusted Service Date: ____/____/____

Calculated by: _____ Checked: _____ Checked: _____

Comments: _____

Estimate Sent: _____ Retirement Package Completed: _____