



Luzerne County Employees' Retirement System

Form 4: Preliminary Quote Request

*****TO BE COMPLETED BY EMPLOYEE*****

| | | | |
|------------------|--|------------------------|---------------------------|
| Member Name | <input type="checkbox"/> M <input type="checkbox"/> F | Member SS# | Date of Birth |
| Address | | Date of Hire | Home Phone |
| City, State, Zip | | Department Name and No | Projected Retirement Date |

If you would like to include the Joint & Survivor Options on your quote, please complete the information below:

| | | | |
|---------------|--|--------------|------------------------|
| Survivor Name | <input type="checkbox"/> M <input type="checkbox"/> F | Survivor SS# | Survivor Date of Birth |
|---------------|--|--------------|------------------------|

I request a preliminary benefit quote to be prepared as of the "projected" retirement date indicated above. I understand this form will be submitted to the Luzerne County Data Processing Department for completion of my service history and contribution data. **NOTE:** Processing time will take approximately 30 days from receipt of all completed information by the plan's administrative agent.

Member Signature: _____ Date: _____

THE FOLLOWING INFORMATION TO BE PROVIDED ON BEHALF OF THE PLAN PARTICIPANT IS CONFIDENTIAL AND INTENDED SOLELY FOR THE PURPOSE OF CALCULATING A PRELIMINARY BENEFIT RELATIVE TO THE PARTICIPANT'S PARTICIPATION IN THE LUZERNE COUNTY EMPLOYEES RETIREMENT PLAN.

*****TO BE COMPLETED BY DATA PROCESSING*****

| Service/Purchase History Description | From | To | Class | Out Time / \$ |
|--------------------------------------|---------------|--------------|-------|---------------|
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| | | | | |
| Accumulated Deductions | Previous Year | Current Year | Total | |

Member Contributions (including member portion only of Military purchase/leave of absence purchase) : _____

IRC 414(h) (2) "Pickup" Contributions: _____

Interest as of _____ Total Interest Earned: _____

Total Accumulated Deductions: _____

| Military Service Purchased | | |
|-------------------------------------|-----------------|---------------|
| _____ Years | _____ Months | _____ Days |
| Member Cost _____ County Cost _____ | | |
| 1. Total Luzerne County Service | | |
| _____ Years | _____ Months | _____ Days |

| | Year | # of Pays | Compensation |
|-------------------------------|----------------|-----------|--------------|
| FINAL Average Salary "FAS" | _____ | | |
| | Totals: | | 78 |
| Final Average Salary: | | | |

1. Total County Service includes Purchased Service (CETA, Per Diem, other) but NOT Military. List all purchases in Service History section.

| | | |
|---|---------------------------------|--------------------|
| Data Processing Clerk Name (Please Print) | Data Processing Clerk Signature | Date of Completion |
|---|---------------------------------|--------------------|

Completed form should be sent to: EBDS, Outsource Administration - LC,
One Gateway Center, 12th Floor, 420 Fort Duquesne Blvd., Pittsburgh, PA 15222