



San Diego County Employees
Retirement Association

Request for Retirement Benefit Estimate

Submit this form to request your SDCERA retirement benefit estimate. This form is **not** an application for retirement; it is only a request for a retirement estimate. To request a retirement application, complete the [Request for Retirement Application form](#) available on the SDCERA website at www.sdcera.org.

MEMBER INFORMATION		
Full Name		Social Security Number
Mailing Address		Daytime Telephone Number
City	State	Zip
<input type="checkbox"/> Mail to the address listed above. <input type="checkbox"/> Email to this address: _____		Estimated Retirement Date(s) (mm/dd/yyyy)

RECIPROCAL MEMBERSHIP (IF APPLICABLE)
If you have established reciprocity between SDCERA and another retirement system and would like SDCERA to use your reciprocal salary when creating your retirement estimate, please provide the following information.
Name of Reciprocal System
Highest Average Monthly Salary from Reciprocal Agency (This amount will be verified when your final retirement benefit is calculated.) \$ _____

CONVERSION OF UNUSED SICK LEAVE TO SDCERA SERVICE CREDIT (IF APPLICABLE)
You may be eligible to convert your unused sick leave hours to SDCERA service credit when you retire. Contact your Human Resources or Payroll Representative if you have questions about your eligibility and minimum unused sick leave balance required at termination to convert to SDCERA service credit.
If you are eligible to convert your unused sick leave balance to SDCERA service credit and you would like that information reflected on your retirement estimate, please indicate the number of unused sick leave hours you would like included in your retirement estimate: _____
The inclusion of your unused sick leave balance in your retirement benefit estimate is not a guarantee of your future benefit. Eligibility will be determined by your employer and your unused sick leave balance will be automatically provided to SDCERA after termination of employment.

MEMBER AUTHORIZATION
Member Signature _____ Date _____