

MERS Retirement Estimate
Employment Questionnaire

Attention: Retirement Counseling Unit

In order to provide the most accurate estimate possible, please provide this form to your municipality to complete. Your municipality may email or fax this form to our office. Due to the quantity of requests that this office receives there may be a delay in our response.

Email: osc.rsd@ct.gov or Fax: (860) 702-3489

Members Information:

Member's Name: _____
Member's phone number: _____ CORE CT member ID#: _____
Member's mailing address: _____
Member's date of birth: _____ Spouse/Optionee date of birth: _____

Employment Information:

Name of employer: _____
Date of hire: _____ Estimated date of retirement: _____
Is this a disability retirement estimate? _____
If yes, which type of disability retirement?
 Service-connected disability Non-service-connected disability

If the member has had part-time service or any separation and re-employment, please list below.

Start date	End date	Full-time (FT)		If Part-time what would have been Full-time hours
		Or Part-time (PT)	If Part-time Hours worked per/week	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL UNPAID LEAVE: _____

Please list below any unpaid leave. Please include start and end dates of the leave and if the leave was an approved leave or unauthorized leave. (Attach additional sheets if necessary.)

Please list any Workers' Compensation: Please include start and end dates.

Please list any retro payments in the last 6 years.

Amount of retro payment	Date retro was paid	Dates retro applies to
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your assistance.

Municipal Contact Name: _____

Phone Number: _____ Email: _____

Member's Signature: _____

TOTAL UNPAID LEAVE: _____

Please list below any unpaid leave. Please include start and end dates of the leave and if the leave was an approved leave or unauthorized leave. (Attach additional sheets if necessary.)

Please list any Workers' Compensation: Please include start and end dates.

Please list any retro payments in the last 6 years.

Amount of retro payment	Date retro was paid	Dates retro applies to
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your assistance.

Municipal Contact Name: _____

Phone Number: _____ Email: _____

Member's Signature: _____

Member email address: _____