

Pension Review Board

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BENEFITS AND MEMBERSHIP REPORT

PRB-200

RETIREMENT SYSTEM PROFILE

System Name _____	Phone Number _____
Report Contact Name (Please Print) _____	E-mail Address _____

BACKGROUND INFORMATION

Last Plan Amendment Date _____	
Vesting Period _____	
Normal Eligibility Requirements (Age + Service) _____	
Early Retirement Eligibility Requirements (Age + Service) _____	
DROP Eligibility Requirements (Age + Service) _____	
Minimum Benefit _____	Maximum Benefit _____

MEMBERSHIP REPORT

Active Members	_____
Retirees and Beneficiaries	_____
Terminated Vested	_____
Total Members	_____

FORMULAS AND BENEFITS

Normal Retirement Benefit Formula _____
Service-Related Disability Benefit Formula _____
Service-Related Survivor Benefit Formula _____
Nonservice-Related Disability Benefit Formula _____
Nonservice-Related Survivor Benefit Formula _____

CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Note: For e-mail submissions, by typing your name on the signature line below you are signing this document.

Authorizing Signature _____

Printed Name _____

Date _____