

# 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