

**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

**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 _____ _____ _____

**MEMBERSHIP REPORT**

Effective Date .....	_____
Active Members .....	_____
Retirees and Beneficiaries .....	_____
Terminated .....	_____
Total Members .....	_____

**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