

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