



Merced County Employees' Retirement Association

RETIREMENT ESTIMATE REQUEST

Name _____ Last 4 of SSN _____

Phone _____ Date of Birth _____

Email address to send request _____

Have you ever worked Variable Shift? ☐ Yes ☐ No

Have you ever been off payroll? (LOA, SDI, Workers' Comp, etc.) ☐ Yes ☐ No

If yes, dates _____ Reason _____

Have you ever purchased LOA or Extra Help time, Redeposit or Prior Public Service?

☐ Yes ☐ No

Do you have reciprocity? ☐ Yes ☐ No

If yes, provide average monthly salary of reciprocal system \$ _____

Estimated Date(s) of Retirement **(Limit 2)**

1. _____ 2. _____

Additional Remarks _____

NOTE: Retirement estimates may take up to 12 weeks to process depending on the order received. A limit of 2 estimates are allowed every 6 months due to ongoing changes to service time, sick leave accruals and final average salary. Each of these items change every pay period.

MercedCERA Office Use Only:

Date Processed _____ Years of Service _____ Age _____ Unit _____

Differential Pay _____ Bi-Weekly _____ 25th PP Sick _____

Sick Leave Hours _____ 25th PP Vacation _____

Date Mailed _____ By _____

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