



Merced County Employees' Retirement Association

RETIREMENT ESTIMATE REQUEST

Name _____ SSN _____

Phone _____ Date of Birth _____

Please provide preferred email address to send request. (Provide email) _____

Have you ever worked Variable Shift? Yes No

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

If yes, dates _____ Reason _____

Have you ever purchased LOA, Extra Help Time, Redeposit or Public Service? Yes No

Do you have reciprocity? Yes No

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

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

1. _____ 2. _____

Additional Remarks _____

NOTE: Retirement Estimates may take up to 12 weeks to process depending on order received and pending requests. A limit of 2 estimates are allowed every 6 months due to calculation efforts as well as the constant change in years of service, amount of sick leave at retirement and final average salary, each of these items change with each pay period. If you would like a more immediate estimate please use the MercedCERA online retirement calculator or worksheet available at www.mercedcera.com.

MercedCERA Office Use Only:

Date Received _____ Years of Service _____ Age _____ Unit _____

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

Vacation Hours _____ Sick Leave Hours _____ 25th PP Vacation _____

Date Mailed _____ By _____