

**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**

Active Members ..... _____
Retirees and Beneficiaries ..... _____
Terminated Vested ..... _____
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