

# Request for Estimate of Benefits

**INSTRUCTIONS: COMPLETE THIS FORM AND RETURN TO:**

**Purdue University  
Staff Benefits  
Freehafer Hall  
401 S. Grant Street  
West Lafayette, IN 47907-2024**

**Or, Campus Mail: Staff Benefits - FREH**

<b>Member Information and Address</b>		
PUID		Date of Birth (mm/dd/yyyy)
First Name	MI	Last Name
Address		
City	State	Zip Code
Campus Telephone Number	Email address	
<b>Retirement Information</b>		
Anticipated date for beginning benefits (Month/01/Year): _____ / 01/ ____		
Anticipated last day at work (Month/Day/Year): _____		
<b>Spouse Information (if applicable)</b>		
Social Security Number		Date of Birth (mm/dd/yyyy)
First Name	MI	Last Name

\_\_\_\_\_  
**Signature of Member**

\_\_\_\_\_  
**Date**