

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

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

Signature of Member

Date