

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM

REQUEST FOR RETIREMENT CALCULATION

Requested By: \_\_\_\_\_

_____ Name	_____ Social Security Number
_____ Retirement Number	_____ Options (Straight Life / A or B)
_____ Birth Date	_____ Age
_____ Beneficiary	_____ Beneficiary Birth Date (If Spouse)
_____ Retirement Date	_____ Date Of Request

IS THIS A DISABILITY RETIREMENT  OR EARLY FACTOR  ?

**Request for Cost to Purchase:**

_____ Begin Date	_____ End Date	_____ Begin Date	_____ End Date
_____ Military Time (Must submit a copy of DD-214 with request)		_____ LWOP Personal Illness or FMLA (Must submit a Doctor's Note or FMLA forms with request)	
_____ Begin Date	_____ End Date	_____ Begin Date	_____ End Date
_____ Refunded Contributions or Prior Service/Etc.		_____ Reciprocal Service	

Send to:

\_\_\_\_\_  
Mail to Employee/Fax District/Etc.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and Zip

\_\_\_\_\_  
Phone number where you can be reached during working hours

\_\_\_\_\_  
Fax Number