



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

**West Virginia State Police
Trooper Plan B (WVSP-B)**

Benefit Estimate Request

Please complete and return the following information to this office to obtain an estimate of your retirement benefits. Upon receipt of this information, CPRB will prepare an estimate of your retirement benefits.

Important Notice: An estimate is merely advisory in nature and is not binding upon either the CPRB or the Member.

Section 1: Employee Information

Full Name	Date of Birth	SSN	CPRB ID
Mailing Address	City	State	Zip Code
Email Address	Home Telephone Number	Mobile Telephone Number	

Section 2: Employment and Service

Employer West Virginia State Police	Work Telephone Number	Number of Years of Service
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Your effective date of retirement is the first day of the calendar month following:

- 1) the Board's receipt of your voluntary application to retire;
- 2) your termination of covered employment; and
- 3) your attainment of normal retirement age.

Indicate the date(s) you anticipate terminating employment (must provide date for an estimate): _____

Do you have military service? Yes No (If yes, please enclose a copy of your DD-214 form.)	Has your military service been credited in another retirement system administered by CPRB? Yes No
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If you: 1) are an employee who was hired prior to July 1, 2015; 2) are immediately eligible for retirement upon termination of employment; and 3) would like to use unused sick and/or annual leave for additional service credit, list total number of unused days:

Annual Leave Days _____ Sick Leave Days _____

Section 3: Spouse Information

Are you married: Yes No	Spouse's Name	Spouse's Date of Birth
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Section 4: Authorization

Signature	Date
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Comments:
