

MTA DEFINED BENEFIT PENSION PLAN
MTA-Business Service Center
Attn: Pension Dept
333 W 34th St. 8th Fl
New York, NY 10001

REQUEST FOR RETIREE ESTIMATE

NAME: _____

EMPLOYEE # _____ PHONE # _____ EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SPOUSES NAME & DATE OF BIRTH: _____

START DATE: _____ LAST DAY ON PAYROLL: _____

RETIREMENT DATE: _____

TOTAL MONTHS OF RAILROAD RETIREMENT SERVICE (INLCUDE PRE-MTA): _____

REPRESENTED: _____ NON-REPRESENTED: _____

METRO NORTH: _____ LIRR: _____ MTA BUS: _____ MTA BUS DEPOT: _____

CLAIMING PRIOR SERVICE:

MILITARY SERVICE: _____

PRIOR STATE/CITY SERVICE: _____

SIGNATURE: _____

DATE: _____

