

**MTA DEFINED BENEFIT PENSION PLAN**  
**MTA-Business Service Center**  
**Attn: Pension Dept**  
**333 W 34<sup>th</sup> St. 8<sup>th</sup> 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: \_\_\_\_\_