

MTA Pension Benefit Estimate Request Form

If you are a member of the Maryland Transit Administration ("MTA") Pension Plan, and are considering retirement within the next three years, you may obtain an **ESTIMATE** of your monthly pension benefit by completing and submitting this form. **THIS FORM IS NOT AN APPLICATION FOR RETIREMENT.** Any estimate provided is purely advisory in nature and is not binding upon either the MTA Pension Plan or you, as a Member. Please return the completed form to MTA Office of Human Resources, 6 St. Paul Street, 5th Floor, Baltimore, MD 21202.

Type of Pension Estimate Request

_____ Normal Retirement _____ Early Retirement _____ Disability Retirement

Member Information:

First Name

Last Name

Address

City

State

Zip

Phone Number

_____/_____/_____
Date of Birth

Estimated Date of Retirement

_____/_____/_____

Joint Pensioner Information:

First Name

Last Name

Relationship to Retiree

_____/_____/_____
Date of Birth

Note: This form cannot be used to change the beneficiary you have on file for your MTA Group Life Insurance. If you wish to change your beneficiary, you must complete and submit an MTA Group Life Insurance Change of Beneficiary form

Military Service Credit?

_____ Yes _____ No

_____ Years of service

Note: You must be able to provide a copy of your DD214 for eligibility.

Member Signature

Date

Office Use Only:

Date Received: ____/____/_____

Date estimate sent Finance: ____/____/_____

Date estimate sent to IT: ____/____/_____

Date estimate sent to Member: ____/____/_____