

Pension Review Board

P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.state.tx.us

BENEFITS AND MEMBERSHIP REPORT PRB-200

RETIREMENT SYSTEM PROFILE

<hr/> System Name	<hr/> Phone Number
<hr/> Report Contact Name (Please Print)	<hr/> E-mail Address

BACKGROUND INFORMATION

<hr/> Last Plan Amendment Date	
<hr/> Vesting Period	
<hr/> Normal Eligibility Requirements (Age + Service)	
<hr/> Early Retirement Eligibility Requirements (Age + Service)	
<hr/> DROP Eligibility Requirements (Age + Service)	
<hr/> Minimum Benefit	<hr/> Maximum Benefit

MEMBERSHIP REPORT

Active Members	<hr/>
Retirees and Beneficiaries	<hr/>
Terminated Vested	<hr/>
Total Members	<hr/>

FORMULAS AND BENEFITS

Normal Retirement Benefit Formula
<hr/>
Service-Related Disability Benefit Formula
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Service-Related Survivor Benefit Formula
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Nonservice-Related Disability Benefit Formula
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Nonservice-Related Survivor Benefit Formula
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CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Note: For e-mail submissions, by typing your name on the signature line below you are signing this document.

Authorizing Signature

Printed Name

Date