

Request for Benefit Calculation

Employer: _____

Plan: _____ Date: _____

Participant Name: _____ Social Security Number: _____

Mailing Address: _____

Date of Birth: _____ Date of Hire: _____

Date of Termination: _____ Benefit Commencement Date: _____

Marital Status: _____ Spouse's Name: _____ Spouse's DOB: _____

Current Plan Year Information: Hours of Service: _____ Compensation: \$ _____

Compensation and Service History (please verify our records are correct):

Plan Year	Compensation	Hours of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason of Separation: (Please circle one)

- | | |
|---------------------------------|---|
| 1. None (Estimated Calculation) | 6. Disability |
| 2. Employer Terminated | 7. Leave of Absence (list reason below) |
| 3. Employee Terminated | 8. Plan Termination |
| 4. Death | 9. Hardship Withdrawal |
| 5. Retirement | 10. Other - specify _____ |

Authorization Signature: _____ Date: _____

Benefit calculations are billed as "Other Annual Services" in accordance with our engagement letter. Our typical fees are approximately \$400 to determine the benefit and \$150 to process the benefit. Our fees are less if more than one benefit is processed at a time.