


**TEXAS PENSION
REVIEW BOARD**

P.O. Box 13498, Austin, TX 78711 | Phone: (512) 463-1736 | Email: prb@prb.texas.gov

BENEFITS REPORT

PRB-500

RETIREMENT SYSTEM PROFILE

_____	_____
System Name	Phone Number
_____	_____
Report Contact Name (Please Print)	E-mail Address

BACKGROUND INFORMATION

Last Plan Amendment Date..... _____

Vesting Period..... _____

Normal Eligibility Requirements (Age + Service)..... _____

Early Retirement Eligibility Requirements (Age + Service)..... _____

DROP Eligibility Requirements (Age + Service)..... _____

_____	_____
Minimum Benefit	Maximum Benefit

FORMULAS AND BENEFITS

Normal Retirement Benefit Formula..... _____

Service Related Disability Benefit Formula..... _____

Service Related Survivor Benefit Formula..... _____

Non-Service Related Disability Benefit Formula..... _____

Non-Service Related Survivor Benefit Formula..... _____

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	Title