

**STEP 1: MEMBER PETITION FOR ADMINISTRATIVE REVIEW OF STAFF  
ACTION/DETERMINATION**

TO: Indiana Public Retirement System (INPRS)  
Attn: Administrative Review  
One North Capitol Ave. Suite #001  
Indianapolis, IN 46204

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_

Pension Identification Number \_\_\_\_\_

RE: Request for Administrative Review of INPRS Staff Action

Please state the basis of your dissatisfaction with the INPRS staff action/determination and include sufficient facts on which you base your request for administrative review. This statement should include your desired outcome. Attach additional sheets if necessary and copies of any supporting documents that you may have.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_