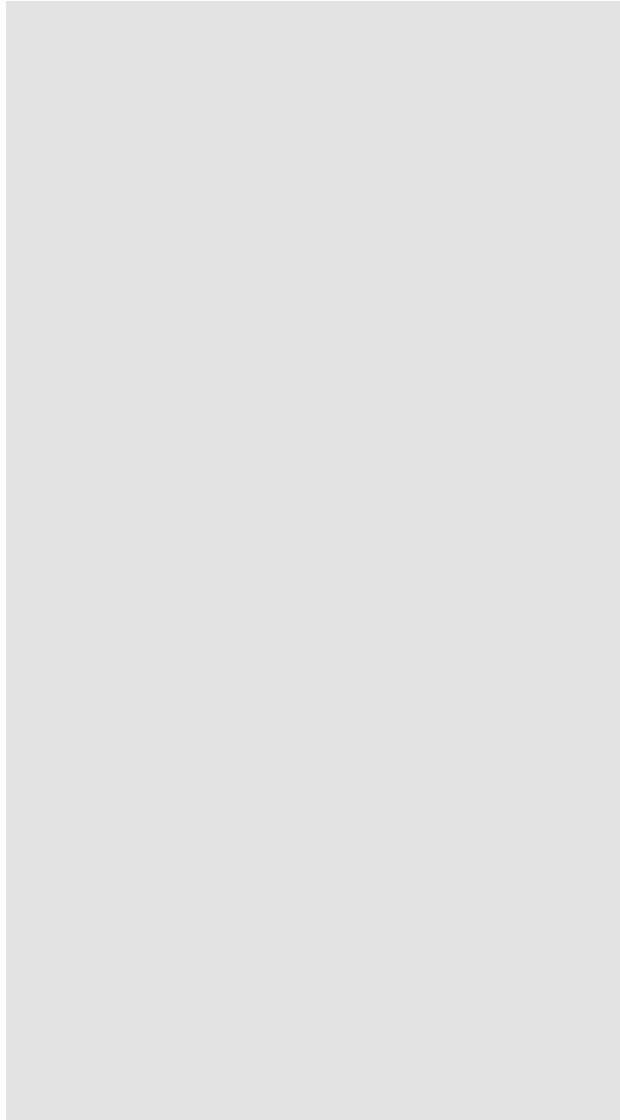




# Your Retirement Benefits

State Employees



# What is your Retirement Benefit?

Members of the Employees' Retirement System of Rhode Island have a **Hybrid Retirement Benefits Plan** made up of a Defined Benefit plan (**Pension plan**) and a Defined Contribution plan (**DC plan**).

Your Pension Benefit is managed by ERSRI and **pays you a specific amount of money per month** when you are eligible to retire.

You contribute towards your individual pension.

Your employer contributes into the pension fund for all employees.

The amount of your monthly pension benefit is based on a number of criteria including your schedule, how long you have worked and your salary.

## What is a Defined Benefit or Pension Plan?

The Defined Contribution (DC Plan) allows you to **save money for your retirement in a tax-deferred account.**

You and your employer contribute a percentage of your salary each pay period into your DC plan that is managed by TIAA.

TIAA manages your investments and when you retire you will withdraw money from this account to pay for your living expenses.

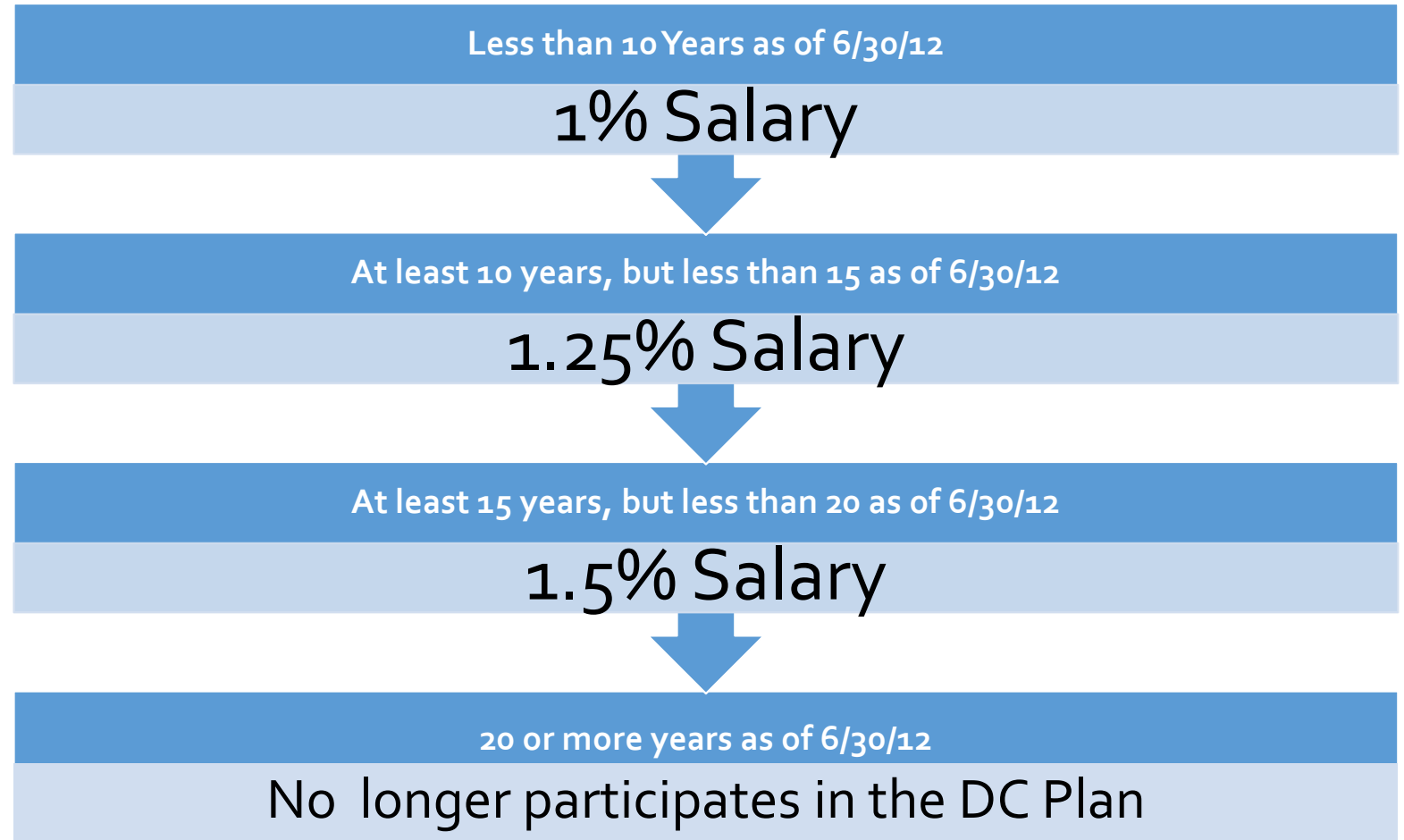
## What is a Defined Contribution (DC) Plan?

# Your Contributions to your Pension and DC plan

Contributions	Pension Plan	Defined Contribution (DC)
Employee	3.75%	5%
Employees with 20+ Years of Service as of June 30, 2012	11% (3.75+5+2.25)	No longer participates in the plan as of 7/1/15

As part of the pension settlement, if you **have 20 or more years of service credit as of June 30, 2012, you no longer contribute to the DC Plan** as of July 1, 2015 and will continue to own your own account.

# Your Employer Contributions to the DC Plan



Note: Members fall into one of the above categories based on frozen service as of June 30, 2012. They do NOT move between categories as they earn additional years of service.

# What's a Schedule?

Schedules are determined by when you were hired and how many years of service you had at certain points in time.

Years of Service  
July 1, 2005

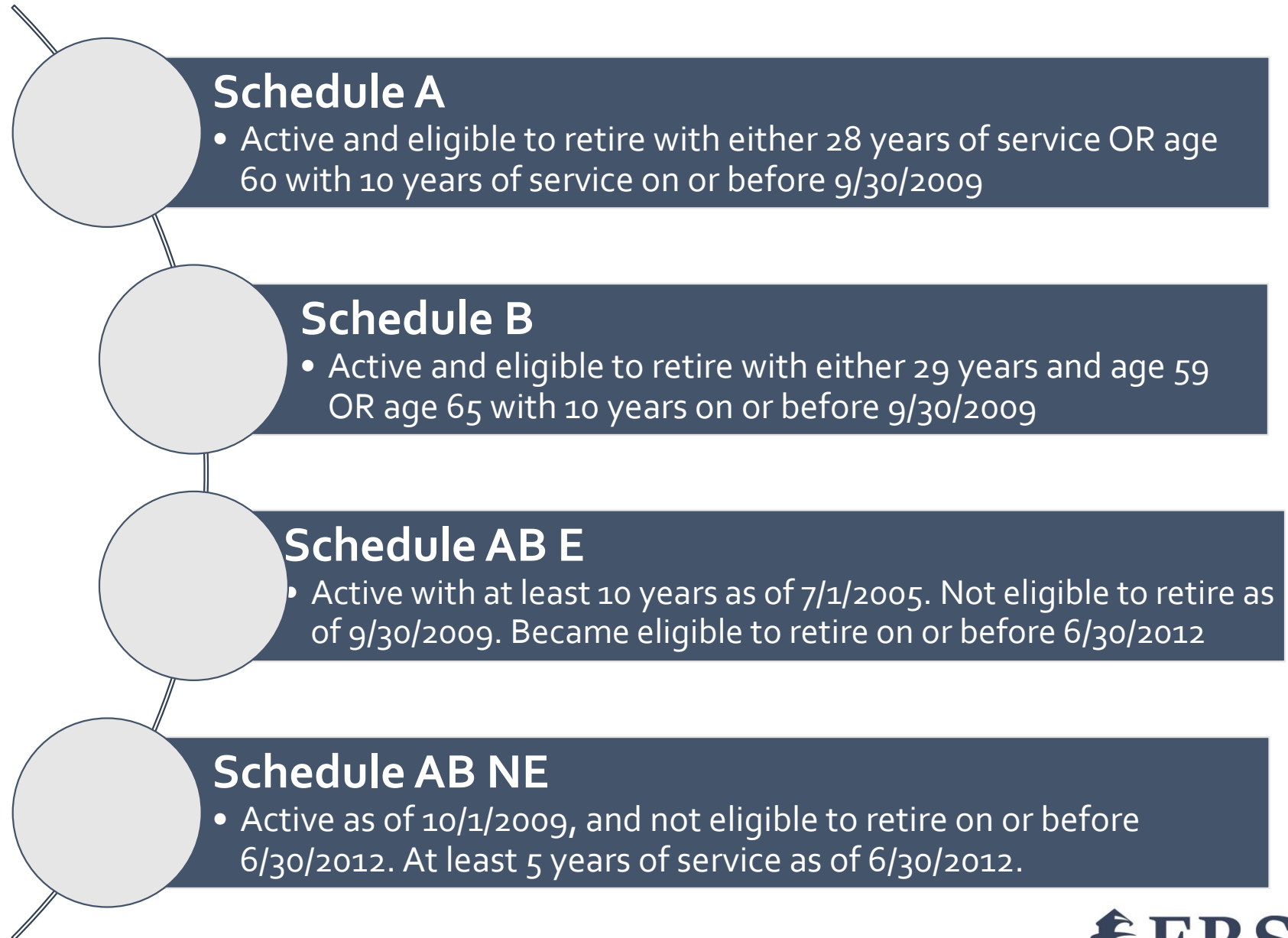
Years of Service  
September 30, 2009

Years of Service  
June 30, 2012

Schedule type impacts when you are eligible to retire, your accruals and service credit factor, and what your benefit will be when you retire.

# How do we Determine Your Schedule?

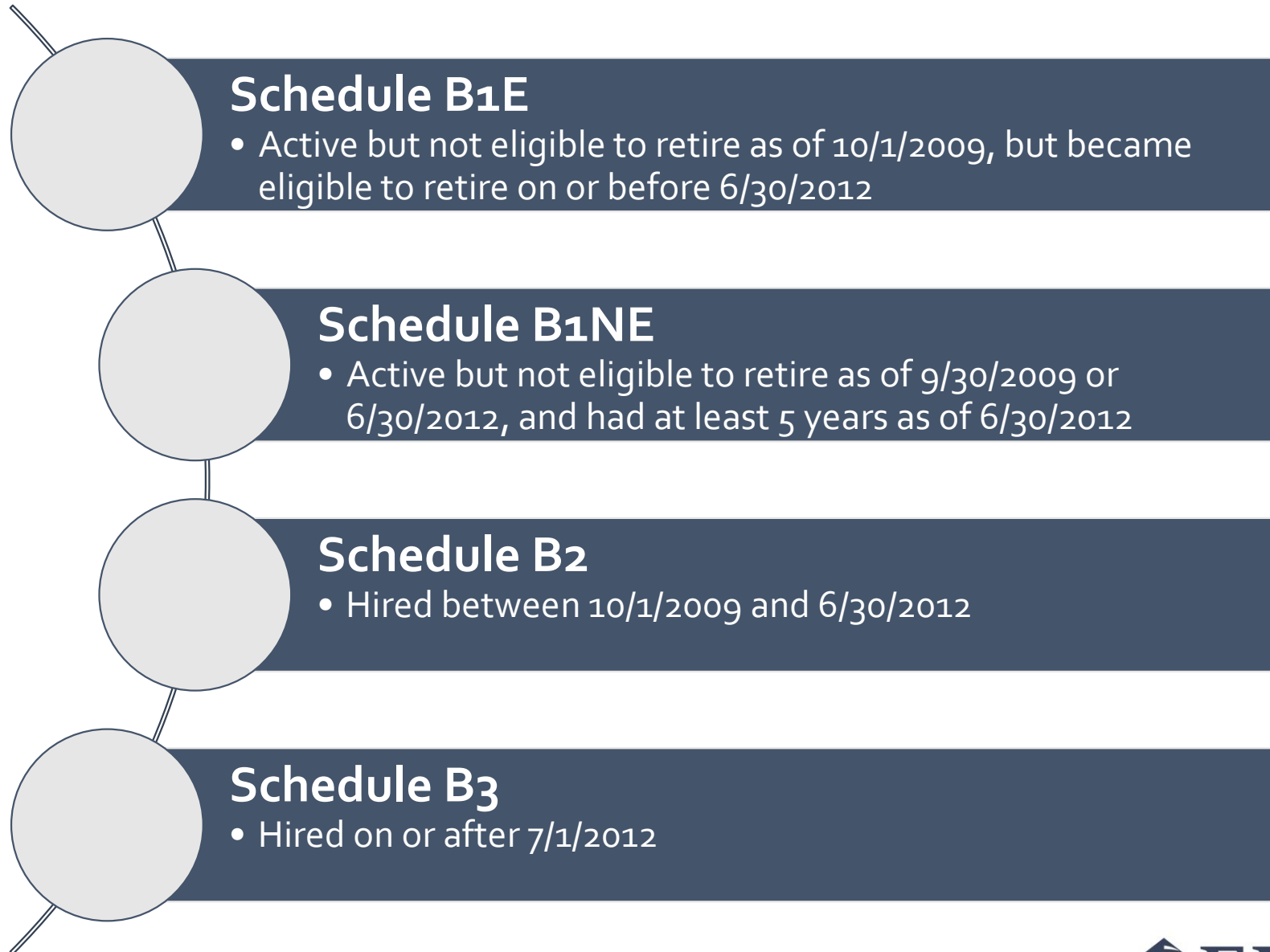
Please Note: All years must be years of *contributing service* to be counted towards retirement eligibility.





# How do we Determine Your Schedule?

Please Note: All years must be years of *contributing service* to be counted towards retirement eligibility.



# When Can You Retire?

## 1. Retire with Full Benefits:

a. Schedule Based Retirement Date

OR

a. **Rule of 95:** Your age and service equal 95 (only applies to those whose retirement date is later than age 62)

## 2. Retire Early with Reduced Benefits

a) Transition Rule 1

b) Transition Rule 2

**\*\*\*All members have their own unique retirement eligibility age\*\*\***

# When Can You Retire?

## Schedule Based Retirement Date

Schedules A, AB E, B, and B1E	Schedule AB NE	Schedule B1NE	Schedules B2 and B3
Currently eligible to retire.	<p>Social Security Normal Retirement Age (SSNRA) proportionally scaled back based on years of service earned as of 9/30/2009 and 6/30/12</p> <ul style="list-style-type: none"> <li>• Not less than age 59</li> <li>• 5+ years of contributory service</li> </ul>	<p>Social Security Normal Retirement Age (SSNRA) proportionally scaled back based on years of service earned as of 9/30/2009 and 6/30/12</p> <ul style="list-style-type: none"> <li>• Not less than age 59</li> <li>• 65 if determined by Article 7 calculation</li> <li>• 5+ years of contributory service at 6/30/2012</li> </ul>	<p>Social Security Normal Retirement Age (SSNRA) and 5 years of contributory service</p>

# When Can You Retire?

## Rule of 95

### Rule of 95:

Members of any schedule type can retire when their age (at least 62 years old) plus their years of service equal 95.

For example:

62 years old + 33 years of service = Rule of 95 Eligible

The Rule of 95 is only used to provide an EARLIER retirement date than your Schedule Based Eligibility Date.

# Retiring Early

## Transition Rule 1

- **Eligibility for Transition Rule 1:**
  - You have 20+ years of service and are within 5 years of your full benefit eligibility date.
- **How Early Can You Retire?**
  - Up to five years before your full benefit eligibility date.
- **How is Your Benefit Reduced?**
  - Your benefit is reduced by a set percentage for each year you leave before your full benefit eligibility date.
  - For example if you left 5 years before reaching eligibility you would receive 62% of the benefit earned through your last day of employment.

Year(s) Before Retirement Eligibility	Per Year Reduction	Cumulative Reduction
1	9%	9%
2	8%	17%
3	7%	24%
4	7%	31%
5	7%	38%

# Retiring Early

## Transition Rule 2

### Eligibility for Transition Rule 2:

You completed 10 years of service by June 30, 2012.

### How Early Can You Retire?

You can retire based on your eligibility rules in effect as of 9/30/2009.

### How is Your Benefit Reduced?

ERSRI will use your Service Credit Factor and Highest Average Salary earned as of June 30, 2012 to calculate your pension.

# Calculating Your Pension Benefit

How is your pension benefit calculated?



# Calculating Your Service Credit

## Service Credit Factor

Each year that you work for a participating employer you accrue a set percentage (your accruals) that are added together to determine your Service Credit Factor.

Your total service credit factor cannot exceed 75-80% depending on your schedule

Schedule	Maximum Service Credit Factor
Schedules A, AB E and AB NE	80%
Schedules B, B1E, B1NE, B2 and B3	75%



# Accruals

Year(s) Earned	Schedule A through 6/30/12; AB through 9/30/09	Schedule B through 6/30/12; AB from 10/1/09-6/30/12	Accruals as of 7/1/2012 <i>(all members)</i>	Accruals as of 7/1/15 <i>(if 20 or more years at 6/30/2012)</i>
Years 1-10	1.7%	1.6%	1.0%	n/a
Years 11-20	1.9%	1.8%	1.0%	n/a
Years 21-25	3.0%	2.0%	1.0%	2.0%
Years 26-30	3.0%	2.25%	1.0%	2.0%
Years 31-34	3.0%	2.5%	1.0%	2.0%
Year 35	2.0%	2.5%	1.0%	2.0%
Years 36-37	n/a	2.5%	1.0%	2.0%
Year 38	n/a	2.25%	1.0%	2.0%

# Calculating Your Highest Average Salary

Depending on your schedule, your highest average salary is the average of your highest 3 or 5 consecutive (back to back) years of salary.



Schedule	Highest Average Salary
Schedule A and B	3 highest consecutive years
Schedules AB E, AB NE, B1E, B1NE, B2, and B3	5 highest consecutive years

# Your Pension Payment Options

- A Qualified Domestic Relations Order (QDRO) may restrict your pension payment options.
- Option 1: J&S100 and Option 2: J&S50 are actuarially reduced benefits based on difference in age between member and beneficiary.
- One time change is permitted while living if Option 1: J&S100 and Option 2: J&S50. The change of option form must be received by ERSRI prior to death.

Payment Option	Amount	Spouse/Beneficiary Amount	Allowed to Switch Options One Time?
<b>Service Retirement Allowance (SRA)</b>	Full benefit paid monthly to the member	\$0	No
<b>Option 1: Joint &amp; Survivor 100%</b>	Reduced benefit	Spouse or beneficiary receives same monthly benefit after member's death	Yes – to Option 2 or SRA
<b>Option 2: Joint &amp; Survivor 50%</b>	Reduced benefit	Spouse or beneficiary receives 50% of the monthly benefit after member's death	Yes – to Option 1 or SRA
<b>SRA Plus (Schedule A &amp; AB only)</b>	Higher benefit prior to age 62. Reduced pension after 62	\$0	No

# Receiving Your Pension Payments

- Your first pension payment will be received 2-3 months after retirement. (Payment is retroactive to date of retirement.)
- Each payment will be directly deposited to your bank account.
- An e-mail will be sent to you each month notifying you that your direct deposit stub is available online.
- Payments will be made on the last business day of the month for the month.

# Death Benefits

## What benefits are your survivors entitled to?

- A member's designated beneficiary is eligible to receive a one time death benefit payment regardless of retirement option selected.
- Benefit is \$800 per year of completed service, up to a maximum benefit of \$16,000 with 20 years of service.
- Benefit reduces 25% each year of retirement to a minimum death benefit of \$4,000.

**Please be sure to keep your beneficiary information up to date with ERSRI.**

# What About A Cost of Living Adjustment?

## Annual COLA and 4 Year COLA:

- If ERS plan (teachers, state, judges, and state police) is less than 80% funded, the Annual COLA is suspended.
- For plans less than 80% funded, an interim 4 Year COLA is paid to members once they become COLA eligible.
- The Annual COLA resumes when your plan is 80% funded.

## COLA Eligibility

- Members retiring today become eligible for the Annual COLA and 4 Year COLA the month after reaching their Social Security Normal Retirement Age AND the three year anniversary date of their retirement.

# What About A Cost of Living Adjustment?

## COLA Calculation:

- The Annual and 4 Year COLAs are calculated based on equal parts of 50% of investment performance minus 5% and 50% of inflation with a maximum COLA of 3.5%.
- For members retiring now, the Annual and 4 Year COLAs are paid on the first \$25,855 (indexed) of your annual pension benefit.

# A Note on State Health Care Coverage Eligibility...

Contact the Office of Employee Benefits or Via Benefits about health care BEFORE making your decision about when to retire.

- The Office of Employee Benefits (OEB) administers health care benefits for retired state employees between the age of 59-64 and Via Benefits manages benefits for member 65+
- Members who are over the age of 59 and have at least 20 years of *state* service may be eligible for an 80% subsidy for individual health coverage through OEB or Via Benefits.
- Members who take a deferred pension (terminate employment prior to reaching retirement eligibility) and wait to collect their benefit are *not* eligible for state health coverage.

Office of Employee Benefits • (401) 574-8530 • [www.employeebenefits.ri.gov](http://www.employeebenefits.ri.gov)



# Retirement Forms

## Divorced?

Please be sure to provide you final court entered divorce judgement and property settlement agreement with your retirement paperwork.

- Application for Retirement**
  - Send to ERSRI, 50 Service Ave, 2<sup>nd</sup> Floor, Warwick, RI 02886 before your last day.
- Option Election Form**
  - Send to ERSRI, 50 Service Ave, 2<sup>nd</sup> Floor, Warwick, RI 02886 before your last day.
- Tax Withholding Form**
  - Send to ERSRI, 50 Service Ave, 2<sup>nd</sup> Floor, Warwick, RI 02886 before your last day.
- Direct Deposit Form**
  - Send to ERSRI, 50 Service Ave, 2<sup>nd</sup> Floor, Warwick, RI 02886 before your last day.
- Basic Group Life Insurance Election Form** (if applicable)
  - Send to ERSRI, 50 Service Ave, 2<sup>nd</sup> Floor, Warwick, RI 02886 before your last day.
- Employer Certification of Retirement and Final Wages**
  - Send to your payroll/human resources department within 3 months prior to terminating employment.
- Retiree Health Care Election** (if applicable for health from state)
  - If under 65, send to Office of Employee Benefits, One Capitol Hill, Providence, RI 02908 before your last day.
  - If age 65 or older contact Via Benefits at 844-448-7298
- Beneficiary Designation Form**
  - Send to ERSRI, 50 Service Ave, 2<sup>nd</sup> Floor, Warwick, RI 02886 before your last day.

# Application for Retirement



## APPLICATION FOR RETIREMENT

Please print clearly in black ink.

### Section 1 - Member information

<input type="text"/>		<input type="text"/>	
First and middle names		Last name	
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip code	
<input type="text"/>		<input type="text"/>	
Home phone number (area code and number)		Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth (mm/dd/yyyy)	Social Security number (4 last digits only)		
<input type="text"/>	<input type="text"/>		
Date of retirement (mm/dd/yyyy)	Date of termination (mm/dd/yyyy)		
<input type="text"/>	<input type="text"/>		

### Section 2 - Member's signature

I, the undersigned, certify that I understand my rights and benefits as a member of the Employees Retirement System of Rhode Island. Under the penalties of perjury, I further certify that I have not been convicted or pled guilty to any crime related to my public office or public employment as defined in Rhode Island General Laws Sec 36-10.1-2.

I hereby apply to retire from the said system and understand that my retirement will become effective on the first day following my termination or the first day of the month this signed application is received in the ERSRI office, whichever is later.

<input type="text"/>	<input type="text"/>
Member signature	Date of signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Counselor signature (optional)	Date of signature (mm/dd/yyyy)

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island  
50 Service Avenue 2<sup>nd</sup> Floor  
Warwick, RI 02886-1021

Office: (401) 462-7600 | Fax: (401) 462-7691  
Email: [ersri@ersri.org](mailto:ersri@ersri.org) | Web site: [www.ersri.org](http://www.ersri.org)

# Membership Information

## PLANNAME

## Membership Information

Every effort has been made to ensure the accuracy of the information shown below. Any changes in the information below may affect the amount of benefit or refund displayed on the Retirement Benefit Statement. If you feel that any of the information is incorrect, please contact ERSRI. If no information is displayed in the below "Beneficiary as per our Records" section, or if the information is incorrect, please complete the Beneficiary Designation Form available on the ERSRI website at [www.ersri.org](http://www.ersri.org).

### RETIREMENT INFORMATION

Last day of employment  
Date of retirement

TerminationDate  
RetirementDate

### PERSONAL INFORMATION

Date of birth  
Date of employment  
Date of 1<sup>st</sup> contribution  
Marital status

BirthDate  
EmploymentDate  
MembershipDate  
MaritalStatus

### BENEFICIARY AS PER OUR RECORDS

Name of beneficiary  
Date of birth of beneficiary  
Relationship  
Benefit type

FirstName LastName  
BirthDate  
Type  
BenefitType

Name of beneficiary  
Date of birth of beneficiary  
Relationship  
Benefit type

FirstName LastName  
BirthDate  
Type  
BenefitType

### SERVICE

Contributing service (including refund buyback)  
Other purchased service  
Total service as of retirement date

Contributing service  
Purchased service  
Total service

### SERVICE CREDIT FACTOR

Service credit factor as of retirement date

Service credit factor

### HIGHEST AVERAGE SALARY

Highest average salary as of retirement date

Salary

# Option Election Form

PLAN NAME - SCHEDULE

## Option Election Form

Before making any decision, carefully read the **Explanation of Benefits** section and review the options available below. Please select only one payment option by placing your initials next to the payment option you choose and then writing in the letter choice below. Sign and date this statement.

**The final amounts will be determined upon processing the pension payment.**

	Monthly pension payable	
	To pensioner	On death of pensioner
A SRA - Service Retirement Allowance From July 1, 2020	\$4,023.67	\$0.00
B Option 1 - Joint & Survivor 100% From July 1, 2020	\$3,540.83	\$3,540.83
C Option 2 - Joint & Survivor 50% From July 1, 2020	\$3,782.25	\$1,891.12
D SRA Plus - Social Security Option * From July 1, 2020 to May 1, 2023 From May 1, 2023	\$5,852.92 \$3,594.58	\$0.00 \$0.00

\* If you choose SRA Plus – Social Security Option, your benefit will be reduced the month following your 62<sup>nd</sup> birthday.

All options are equivalent to the Service Retirement Allowance. For more information on the assumptions used, please contact the ERSRI.

I hereby request that the benefits to which I am entitled under the Plan be paid according to (indicate the letter of your choice) \_\_\_\_\_.

**Joint and Survivor Beneficiary:** If you selected a Joint and Survivor payment option please designate your beneficiary below.

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

# Tax Election Form



Employees' Retirement System of Rhode Island

## CERTIFICATE OF TAX WITHHOLDING PREFERENCE OR TAX WITHHOLDING CHANGE

Please print clearly in black ink.

### Section 1 – Member information

_____		_____	
First and middle names		Last name	
_____			
Address (street number, street name and apartment number)			
_____		_____	_____
City		State	Zip code
_____		_____	
Home phone number (area code and number)		Social Security number (4 last digits only)	

### Section 2 – Federal tax withholding status and exemptions

Withholding status (check one):  Married  Single

Number of exemptions claimed: \_\_\_\_\_

### Section 3 – Federal tax withholding preference (check one)

- I do not wish to have federal taxes deducted from my monthly pension payment.
- I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above.
- I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above. I wish to have an additional \$ \_\_\_\_\_ withheld from each monthly pension payment in addition to the amount to be withheld on the basis of withholding status and exemption indicated above.
- I wish to have ERSRI withhold a total amount of \$ \_\_\_\_\_ from each monthly pension payment.

### Section 4 – RI state income tax withholding preference (check one)

- I do not wish to have Rhode Island state taxes deducted from my monthly pension payment.
- I wish to have ERSRI determine the amount, if any, of Rhode Island state taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above.
- I wish to have ERSRI determine the amount, if any, of Rhode Island state taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above. I wish to have an additional \$ \_\_\_\_\_ withheld from each monthly pension payment in addition to the amount to be withheld on the basis of withholding status and exemption indicated above.
- I wish to have ERSRI withhold a total amount of \$ \_\_\_\_\_ from each monthly pension payment.



# Direct Deposit Form



Employees' Retirement  
System of Rhode Island

## REQUEST FOR DIRECT DEPOSIT

Please enclose a voided check or a copy of any other document from your bank showing your full account number.  
Allow up to 2 full months for any changes or new direct deposit information to be effective.

Please print clearly in black ink.

Check one box:  New sign-up  Change to existing direct deposit account

### Section 1 – Member information

First and middle names		Last name	
Address (street number, street name and apartment number)			
City	State	Zip code	
Home phone number (area code and number)	Business phone number (area code and number)		
Email address	Social Security number (4 last digits only)		

### Section 2 – Direct deposit information

Check one box:  Checking account  Savings account

Name of bank or financial institution			
Bank's routing number	Account number		

### Section 3 – Member's statement and signature

I certify that I am entitled to an ERSRI retirement allowance, and authorize my payment to be sent to the financial institution named above and to be deposited in the designated account.

Member signature	Date of signature
	M M D D Y Y Y Y

# Basic Group Life



Employees' Retirement System of Rhode Island

## BASIC GROUP LIFE INSURANCE ELECTION

Please print clearly in black ink.

### Section 1 – Member information

First and middle names Last name

Address (street number, street name and apartment number)

City State Zip code

Date of birth (mm/dd/yyyy) Social Security number (4 last digits only)

Date of retirement (mm/dd/yyyy) Date of termination (mm/dd/yyyy)

### Section 2 – Basic Group Life Insurance

If you purchased Basic Group Life Insurance as an active employee, you may maintain coverage after retirement. If you decide to maintain this Basic Group Life Insurance, then your coverage will stay the same until age 65. At 65, it will start to reduce 24% per year until it decreases to 25% of the original amount. When the insurance is reduced, your monthly premium is also reduced proportionately. It will never reduce any lower than what it is at age 68. You will continue to pay at this reduced rate.

Basic Group Life Insurance amounts and costs at different ages		
Age	Policy amount	Monthly cost
64		
65		
66		
67		
68		

I elect my Basic Group Life Insurance coverage in force upon my retirement to be (check only one):

Continued     Discontinued

### Section 3 – Member's signature

I, the undersigned, certify that I have read and that I understand the information regarding Basic Group Life Insurance options available to me as a retired member of the Employees' Retirement System of Rhode Island.

Member signature Date of signature

Please forward this completed form, dated and signed, to the following address:



# Employer Certification of Retirement and Final Wages – Page 1



## EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES



*Do not submit this form more than 3 months prior to member's retirement.  
This form must be completed in entirety and signed by both the member and employer.  
For additional information, see instructions at the end.*

Please print clearly in black ink.

### Section 1 – Member information

First and middle names	Last name	
Address (street number, street name and apartment number)		
City	State	Zip code
Home phone number (area code and number)	Business phone number (area code and number)	
Date of birth (mm/dd/yyyy)	Social Security number (4 last digits only)	

### Section 2 – Employment information

Name of the employer	Position of the member
M   M   D   D   Y   Y   Y   Y	M   M   D   D   Y   Y   Y   Y
Employment start date	Position start date

### Section 3 – Termination information

M   M   D   D   Y   Y   Y   Y	M   M   D   D   Y   Y   Y   Y	M   M   D   D   Y   Y   Y   Y
Date of termination	Last pay date	Date of last wage/cont report submitted

### Reason for separation from service

Type of retirement (check one):  Service retirement  Disability retirement  Survivor benefit (death in service)

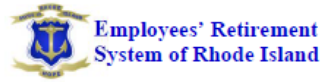
Retirement sub type (for disability only – check one):  Ordinary  Accidental

For accidental disability, please provide annual salary rate: \$ \_\_\_\_\_





# Employer Certification of Retirement and Final Wages – Page 3



## EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

### Section 6 – Salary certification (continued)

S T A T E	Year	Retro payments <i>(if applicable to years listed)</i>	Effective date of retro	Amount of retro per pay period	10 month employee	12 month employee
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

### Section 7 – Disclaimer and signatures

The member understands that the Employment information, Termination information and Unreported wages, contributions and service credit contained on this form have been provided solely by the employer. By signing this form the member acknowledges that he/she has voluntarily made the decision to submit the completed form to the Employees' Retirement System of Rhode Island (ERSRI) which includes the member's date of termination and projected final wages and service credits through the date of termination. The member further understands that if he/she has made the determination not to terminate after submission of this form, he/she must notify ERSRI in writing immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on this form, and once the member has cashed a pension check, the member's retirement is final and cannot be rescinded.

The undersigned acknowledges that he/she has read the foregoing disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

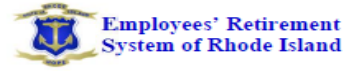
I understand that any person who makes a false statement or shall falsify or permit to be falsified any record to the retirement system in an attempt to defraud the system may be subject to criminal prosecution, and with that understanding, I certify that all information on this form is true and correct.

	<table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y		
Authorized employer representative signature	Date of signature								
Authorized employer representative name (print)	Title								
Authorized employer representative phone number (area code and number)									
	<table border="1" style="font-size: x-small;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y		
Member signature	Date of signature								

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island  
 50 Service Avenue 2<sup>nd</sup> Floor  
 Warwick, RI 02886-1021  
 Office: (401) 462-7600 | Fax: (401) 462-7691  
 Email: [ersri@ersri.org](mailto:ersri@ersri.org) | Web site: [www.ersri.org](http://www.ersri.org)





## BENEFICIARY DESIGNATION

Complete all applicable items on this form; incomplete and unsigned forms will be returned.  
For additional information, see instructions at the end.

Please print clearly in black ink.

### Section 1 – Member information

First and middle names		Last name		<input type="checkbox"/> Member <input type="checkbox"/> Retiree	
Date of birth (mm/dd/yyyy)		Social Security number (4 last digits only)		Membership status (check only one)	

### Section 2 – Beneficiary designation for other benefits

To name an OAP beneficiary, you must be an active member with at least ten years of contributory service on or before June 30, 2012 or at least five years of contributory service on or after July 1, 2012.

#### Person as a beneficiary

First name		MI	Last name		Address (street number, street name and apartment number)	
City		State	Zip code		Telephone (area code and number)	
Relationship		Social Security number		Date of birth (mm/dd/yyyy)		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> OAP		<input type="checkbox"/> Refund <input type="checkbox"/> Death benefit		
Beneficiary type (check only one)		OAP election (if vested)		Benefit type		

First name		MI	Last name		Address (street number, street name and apartment number)	
City		State	Zip code		Telephone (area code and number)	
Relationship		Social Security number		Date of birth (mm/dd/yyyy)		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> OAP		<input type="checkbox"/> Refund <input type="checkbox"/> Death benefit		
Beneficiary type (check only one)		OAP election (if vested)		Benefit type		

# Beneficiary Designation Form

# ERSRI Online Registration

Go to [www.ERSRI.org](http://www.ERSRI.org) to register your My Retirement account.

The self registration process will ask you for identifying personal information and give you a log in ID.

Be sure to write down your log in ID and password in a safe place.

The screenshot displays the ERSRI online portal. At the top left is the ERSRI logo with the text "Employees' Retirement System of Rhode Island". To the right of the logo is a "Log out" button. Further right, the user is identified as "Hi John Doe" next to a search bar containing the text "Search" and a magnifying glass icon. Below the header is a home button icon. The main content area is titled "My Retirement" and features a large banner with the text "Introducing... your pension plan" and a photo of a woman. Below the banner, it says "You need to understand how your pension plan works" and provides a link to "Read the plan description" with a "Get started!" button. A "Tools" section at the bottom of the banner contains icons for a clock, a checklist, a dollar sign, and a person. To the right of the main content is a "My Pension" section with a dark header. It contains the text: "Assuming you will continue to participate in the plan until retirement, your estimated pension payable at age 64 is equal to: \$26,200 per year." Below this text is a list of links: "Use the Pension Projection tool", "Use the Buyback tool", "Update My Personal Information", "View My Pension Profile", "View My Documents", and "Schedule An Appointment". To the right of the "My Pension" section is a vertical sidebar with a "HELP" button, a "Call Us" button with a telephone icon, and an "Email Us" button with a question mark icon. At the bottom of the sidebar is a "My Plans" section with a dark header and the text "My Employer Pension Plan".

# How to Run a Benefit Estimate Online

**PENSION PROJECTION TOOL** Administrator tools | Recent estimates | Yearly amounts | Printable statement

**WHAT THIS IS**  
This tool allows you to estimate your pension benefits from your pension plan at different ages.  
[VIEW DEMO](#)

**WHAT I KNOW**  
Date of birth: January 1, 1908  
Total years of service: 11.57  
Earned salary: \$50,000  
[SEE ALL PERSONAL AND DESIGNATED JOINT & SURVIVOR INFORMATION »](#)

**WHAT IF ...**  
My future annual earnings increase is: 0%

**I RETIRE AT ...**

<input type="radio"/> Age 62	<input checked="" type="radio"/> Date 01-01-2042
<input type="radio"/> Age 64	<input checked="" type="radio"/> Date 01-01-2045
<input type="radio"/> Age 64	<input checked="" type="radio"/> Date 01-01-2045

[CALCULATE](#)

**YOUR ESTIMATED INCOME AT RETIREMENT**

■ Employer Pension Plan

Age	Estimated Income
Age 62	~\$15,000
Age 64	~\$23,000

[SHOW DETAILS »](#) [SHOW DETAILS »](#)

# Post Retirement Employment

Hired Post Retirement as a...	Days Allowed Before Pension Suspension	Gross Pay Allowed Before Pension Suspension	Time Period
State Employee	0	\$0	N/A
Registered Nurse	75 (or 150 half days)	N/A	Calendar Year
Classroom Instructor, Academic Advisor, or Coach at a State School Or College	N/A	\$18,000	Calendar Year
Drivers Ed Teacher	N/A	\$15,000	Calendar Year
MERS Employee	75 (or 150 half days)	N/A	Calendar Year
Teacher	90 (or 180 half days)	N/A	School Year
Elected MERS official	Unlimited *	Unlimited *	N/A
Unpaid state or municipal board	Unlimited *	Unlimited *	N/A
Non Participating Municipality Employee	Unlimited	Unlimited	N/A

**Any employment or reemployment may begin no earlier than 45 days after separation/termination from employment**

\* Unlimited except for those who previously worked and earned service credit as an elected official or board member.

# Post Retirement Employment

## Your Employer's Post Retirement Employment Responsibilities:

- ▶ Retirement contributions will not be deducted from your wages and you will not earn any additional retirement service credit for any post-retirement employment.
- ▶ Reporting days worked or earnings depending on employment type to ERSRI on a monthly basis.

## Your Post Retirement Employment Responsibilities:

- ▶ It is your responsibility to ensure that while collecting a retirement benefit your employment does not violate any statutory restrictions.
- ▶ Your post retirement earnings or days will be reported to ERSRI and available to review in your member portal at [www.ersri.org](http://www.ersri.org). It is your responsibility to ensure your employer is accurately reporting your employment. Please follow up with your employer if there is a discrepancy.
- ▶ No "mixing and matching". You cannot participate in more than 1 area that is limited by statute.
- ▶ Post-retirement provisions apply if you are a consultant or corporation or employee of another party providing services to a ERS or MERS employer .

# Important Contact Information

## Employees' Retirement System of Rhode Island (ERSRI)

50 Service Avenue, 2<sup>nd</sup> Floor, Warwick, RI 02886

(401) 462-7600

[www.ersri.org](http://www.ersri.org)

### Office of Employee Benefits – Retiree Health (Age 59-64 with 20 years of State service)

One Capitol Hill, Providence, RI 02908

(401) 574-8530

[www.employeebenefits.ri.gov](http://www.employeebenefits.ri.gov)

### Via Benefits – Retiree Health (Age 65+)

1-844-448-7298

[www.my.viabenefits.com/ri](http://www.my.viabenefits.com/ri)

### The Hartford- Basic Group Life Insurance

1-888-755-1503

Group Policy Number is 804857

### TIAA - DC Plan Coordinator

Providence Office

1-800-897-1026

[www.tiaa.org](http://www.tiaa.org)

### Federal Social Security

Providence Office

1-877-402-0808

[www.ssa.gov](http://www.ssa.gov)