Employees' Retirement System of Rhode Island

EMPLOYER CERTIFICATION OF TERMINATION AND FINAL WAGES

Do not submit this form more than 3 months prior to member's termination.
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
Employment start date

M | M | D | D | Y | Y | Y | Y
Position start date

Section 3 – Termination information

M | M | D | D | Y | Y | Y | Y
Date of termination

M | M | D | D | Y | Y | Y | Y
Last pay date

M | M | D | D | Y | Y | Y | Y
Date of last wage/cont report submitted

Reason for separation from service (*check one*)

- ☐ Death
- ☐ Resigned
- ☐ Dismissed
- ☐ Transferred to another covered employer
- ☐ Terminated covered employment
- ☐ Other ____________________

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Section 4 – Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's termination.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year

MUNICIPAL	Year	Full contractual salary (*calendar year*)	# of pay periods	Longevity earned	Effective date of longevity	10 month employee	12 month employee
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

STATE	Year	Retro payments (*if applicable to years listed*)	Effective date of retro	Amount of retro per pay period	10 month employee	12 month employee
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

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Section 5 – Disclaimer and signatures

The member understands that the Employment information and the Termination information 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, 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. No further contributions will be accepted after the date of termination provided on this form.

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.

Authorized employer representative signature

M M D D Y Y Y Y
Date of signature

Authorized employer representative name (*print*)

Title

Authorized employer representative phone number (*area code and number*)

Member signature

M M D D Y Y Y Y
Date of signature

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

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

Office: (401) 462-7600 | Fax: (401) 462-7691

Email: ersri@ersri.org | Web site: www.ersri.org

Employees' Retirement System of Rhode Island

INSTRUCTIONS – EMPLOYER CERTIFICATION OF TERMINATION AND FINAL WAGES

This form is to be completed by the employer when a member terminates employment and for the purpose of receiving benefits from ERSRI.

Member information

To be completed by ERSRI or employer.

Employment information

To be completed by employer.

Termination information

To be completed by employer.

Salary certification

To be completed by employer.

Disclaimer and signatures

To be completed and signed by the authorized employer representative and by the member.