

Please print clearly or type in black ink.

## Section 1: Employer Data

Reporting Agency \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Section 2: Employee Data

SSN \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Section 3: Employer Certification

Call fire fighter service must have been prior to member becoming a contributing member. Call fire fighter service cannot have been prior to age 18 or completion of secondary education (high school). The above employee was a call fire fighter during the following periods and wishes to purchase this time towards retirement. Please provide ERSRI with the following information:

Call Time	Annual or Contractual Salary
<b>Dates of Service: from _____ to _____</b> <i>(Break down by year)</i>	

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## Section 4: Official's Statement and Signature

I hereby certify the above information to be true and correct based upon our official records.

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Signature

Date of Signature (mm/dd/yyyy)

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Print Name

Title

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Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

**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](mailto:ersri@ersri.org) | **Website:** [www.ersri.org](http://www.ersri.org)