

Please print clearly or type in black ink.

Section 1: Member Information

SSN _____ Date of Birth (mm/dd/yyyy) _____

First Name _____ MI _____ Last Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

Section 2: Military Employment History

List only **ACTIVE DUTY** service time in the Armed Service, Armed Service Reserve, or Merchant Marine of the United States for which you desire credit (please break down by Calendar Year). Attach FORM DD214 or NGB 23 and proof of honorable discharge to this form.

Military Branch	Start Date of Active Duty	End Date of Active Duty	Number of Working Days (Max 260)

1. You cannot purchase service which is being credited towards retirement benefits in another system, except for military pension. **Are you collecting, or are you vested and eligible to collect retirement benefits based on the time indicated above?** Yes No

2. If you checked "yes" to question 1, report the name of the other system on the line below:

Section 3: Member Authorization

I, the undersigned, certify that the above information is true and correct. I understand that any member who knowingly makes a false statement regarding purchase credit shall not be entitled to a retirement allowance, but only to a return of contributions.

Signature

Date of Signature (mm/dd/yyyy)

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 | **Website:** www.ersri.org