ERS RI Employees' Retirement System of Rhode Island

NON-PARTICIPATING MUNICIPALITY CREDIT REQUEST

This form must first be authorized by the member and certified by current employer, forwarded to the former municipal employer for certification, then forwarded to the former retirement system for completion.

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: 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 of Member ______________________ *Date of Signature (mm/dd/yyyy)* ______________________

Section 3: Current Employer Certification

Current Employer and Position ______________________ *Current Contractual Salary* ______________________

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

Signature of Personnel Official ______________________ *Date of Signature (mm/dd/yyyy)* ______________________

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Section 4: Former Employer Information

Municipality *Telephone Number* *Fax Number*

Address

Address

City *State* *ZIP*

Employee's First Name *Employee's MI* *Employee's Last Name*

Section 5: Former Employer Certification

Employee's Title

Was service rendered on a substitute, temporary, casual, or seasonal basis? Only time when the employee was regularly and permanently employed for a minimum of 20 hours or more per week qualifies for purchase. Yes No

Report service rendered in your municipality. List each Calendar Year separately, and indicate whether service was rendered on a full-time or part-time basis. If service was part-time, please indicate percentage of full-time employment.

Period of Employment		Number of Working Days *(Max 260)*	Full-Time *(Hours Per Week)*	Part-Time *(Hours Per Week) (List percentage of Full-Time)*
From (mm/dd/ccyy)	To (mm/dd/ccyy)			

Was there a former Retirement System? Yes No

If yes, after completing this section, please forward this form to the Retirement System in which the person was a member for completion.

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

Signature *Date of Signature (mm/dd/yyyy)*

Print Name *Title*

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Section 6: Former Retirement System or Pension Plan Certification

Is the member receiving or entitled to receive a benefit for your system or plan based on this service? Yes No

If this member becomes eligible to receive a retirement benefit from your system, which includes the service certified for purchase in the Employees' Retirement System of Rhode Island, please inform this office immediately.

Signature *Date of Signature (mm/dd/yyyy)*

Print Name *Title*

Name of Retirement System

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