

This form is for the purpose of part-time teaching when the person was not eligible to contribute.  
Incomplete or inaccurate forms will not be processed.

Please print clearly or type in black ink.

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### Section 1: Employer Data

|                  |                  |            |
|------------------|------------------|------------|
| Reporting Agency | Telephone Number | Fax Number |
| Address          |                  |            |
| Address          |                  |            |
| City             | State            | ZIP        |

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### Section 2: Employee Data

|            |                            |           |
|------------|----------------------------|-----------|
| SSN        | Date of Birth (mm/dd/yyyy) |           |
| First Name | MI                         | Last Name |
| Address    |                            |           |
| Address    |                            |           |
| City       | State                      | ZIP       |

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### Section 3: Employer Certification

|                               |     |    |
|-------------------------------|-----|----|
| Is this teacher vested?       | Yes | No |
| Is this teacher contributing? | Yes | No |

(Employer Certification continued on next page)



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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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)