

This form must first be authorized by the member and certified by an ERSRI school official, forward to the out-of-state employer for certification, then forward to the out-of-state retirement system for completion.

Please print clearly or type in black ink.

Section 1: Employee Information

SSN (last 4 digits) *Date of Birth (mm/dd/yyyy)*

First Name *MI* *Last Name*

Address

City *State* *ZIP*

Email Address *Daytime Telephone Number*

Section 2: Employee 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 School Official Certification

Current School District and Position *Current School Year and Contractual Salary*

Email Address *Telephone Number*

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

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

Section 4: Out-Of-State Employer Information

_____ Non-Profit Profit
 School/School District Telephone Number Fax Number

Address

City State ZIP

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

Email Address

Section 5: Out-Of-State Employer Certification

Employee's Title Number of Days in School Year

Was service rendered on a substitute or temporary basis? Yes No

Report service rendered in your school/district. List each school 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 180)	Full-Time	Part-Time (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*

Section 6: Former Retirement System or Pension Plan Certification

Is the member receiving or entitled to receive a benefit from 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*

Email Address *Telephone Number*

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