

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: Current Employer Information

Reporting Agency _____ _____
Telephone Number _____
Fax Number

HR/Payroll Contact Name _____
Email Address

Section 3: Refunds Information

List all prior refunds you are requesting to purchase.

Refund Date (approx.)	Refund Amount (approx.)	Employment Start Date (Refunded Membership)	Employment End Date (Refunded Membership)

Section 4: Member's Signature

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

Print Name

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