

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND  
 40 Fountain Street, 1<sup>st</sup> Floor  
 Providence, RI 02903 – 1854  
 Office (401) 222-2203, Fax (401) 222-2430

## CALL FIRE FIGHTER CREDIT REQUEST FORM

**Instructions: Please print or type in black ink. Return completed form to Employees' Retirement System of Rhode Island, 40 Fountain Street, 1<sup>st</sup> Floor, Providence, RI 02903-1854.**

### EMPLOYER DATA

REPORTING AGENCY	TELEPHONE NUMBER	FAX NUMBER
ADDRESS		
ADDRESS		
ADDRESS		
CITY	STATE	ZIP

### EMPLOYEE DATA

SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/ccyy)	
NAME	FIRST	MI	LAST
ADDRESS			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

### EMPLOYER CERTIFICATION

The above employee was a call fire fighter during the following periods and wishes to purchase this time towards retirement. Please provide ERSRI with the following information:

Call Time (Break down by year)	Annual or Contractual Salary

### OFFICIAL'S STATEMENT AND SIGNATURE

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

SIGNATURE	DATE OF SIGNATURE (mm/dd/ccyy)
PRINT NAME	TITLE

