

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

MERS MEMBER ELECTION FORM

Instructions: Please print or type in black ink. This form must be signed. Please complete the Member Information and Member's Statement and Signature sections.

MEMBER INFORMATION

SOCIAL SECURITY NUMBER					
NAME	FIRST		MI		LAST
ADDRESS				HOME TELEPHONE NO.	
ADDRESS				BUSINESS TELEPHONE NO.	
ADDRESS					
CITY		STATE		ZIP	
PROVINCE			COUNTRY		SEX
DATE OF BIRTH (mm/dd/ccyy)			DATE OF HIRE (mm/dd/ccyy)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMPLOYING MUNICIPALITY			AGENCY CODE		

MEMBER'S STATEMENT AND SIGNATURE

In accordance with Rhode Island General Law 45-21-8, I hereby notify the Municipal Employees Retirement System (MERS) of my decision not to join the retirement system. I further certify that I have made this decision within sixty days of my employing unit's decision to join the MERS retirement plan.

I further understand, in accordance with Rhode Island General Law 45-21-9, that I may still elect to join the retirement system but that I cannot be granted prior service unless such election is made within one year from the effective date of participation of my MERS employing unit.

MEMBER CERTIFICATION

SIGNATURE OF MEMBER	DATE
APPROVING AUTHORITY SIGNATURE	DATE