

MILITARY CREDIT REQUEST FORM

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

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

MEMBER INFORMATION

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

MILITARY EMPLOYMENT HISTORY

List only ACTIVE DUTY service time in the Armed Service, Armed Service Reserve or Merchant Marine of the United States for which you desire credit (Please break down by Calendar Year). Attach FORM DD214 or NGB 23 to this form.

Military branch	Start Date of Active Duty	End Date of Active Duty	Number of Working Days (Max 260)

1. You cannot purchase service which is being credited towards retirement benefits in another system, except for military pension. Are you collecting, or are you vested and eligible to collect retirement benefits based on the time indicated above? YES NO
2. If you checked 'yes' to question 1, report the name of the other system on the line to the right: _____

MEMBER 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/ccyy)
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