

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

REFUND PAYBACK REQUEST FORM

EMPLOYEE DATA

SOCIAL SECURITY NUMBER				DATE OF BIRTH (mm/dd/ccyy)			
NAME	FIRST		MI		LAST		
NAME AT THE TIME OF REFUND (if different than current)		FIRST	MI	LAST			
ADDRESS							
ADDRESS							
ADDRESS							
CITY			STATE		ZIP		

CURRENT EMPLOYER

AGENCY	TELEPHONE NUMBER	FAX NUMBER
--------	------------------	------------

REFUNDS INFORMATION (SKIP THIS SECTION IF BLANK)

Up to five oldest refunds are listed below. Check off the refunds in the 'Buy' column if you want to buy that refund.

Buy (Check Below)	Refund Date	Refund Amount	Start Date	End Date

UNLISTED REFUND TYPE

If you are requesting a purchase of refund that is not listed in the section above, please indicate the type of employment from which you withdrew.

STATE ► <input type="checkbox"/>	TEACHER ► <input type="checkbox"/>	MUNICIPAL ► <input type="checkbox"/>
----------------------------------	------------------------------------	--------------------------------------

EMPLOYEE SIGNATURE

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

