

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

TEACHER CORPS CREDIT REQUEST FORM

Instructions: Please type or print clearly in black ink. Return completed form to ERSRI.

MEMBER INFORMATION

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

TEACHER CORPS EMPLOYMENT HISTORY

List service time in the Teacher Corps for which you desire credit. (List Service by Calendar Year) Please attach verification from the employer for the service listed below.

Employer	Start Date of Service	End Date of Service	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 answered yes to question 1, report the name of the other system 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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Rev. 1/10/05