

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 50 Service Avenue, Warwick, RI 02886
 Office (401) 462-7600, Fax (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

CALL FIRE FIGHTER CREDIT REQUEST FORM

Instructions: Please print or type in black ink. Return completed form to Employees' Retirement System of Rhode Island, 50 Service Avenue, Warwick, RI 02886. Incomplete or inaccurate forms will not be processed.

EMPLOYER DATA

REPORTING AGENCY	TELEPHONE NUMBER	FAX NUMBER
ADDRESS		
ADDRESS		
CITY	STATE	ZIP

EMPLOYEE DATA

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

EMPLOYER CERTIFICATION

Call fire fighter service must have been prior to member becoming a contributing member. Call fire fighter service cannot have been prior to age 18 or completion of secondary education (high school). 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 Dates of Service: from _____ to _____ (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