

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
50 Service Avenue, 2nd Floor
Warwick, RI 02886-1021
Office (401) 462-7600 Fax (401) 462-7691
Email: ersri@ersri.org Web Site: www.ersri.org

TEACHER CORPS CREDIT REQUEST FORM

Instructions: Please type or print clearly in black ink. Return completed form to ERSRI. Incomplete or inaccurate forms will not be processed.

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 are applying for 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) |
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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)