



## EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

*Do not submit this form more than 3 months prior to member's retirement.  
This form must be completed in entirety and signed by both the member and employer.  
For additional information, see instructions at the end.*

Please print clearly in black ink.

### Section 1 - Member information

First and middle names	Last name	
Address (street number, street name and apartment number)		
City	State	Zip code
Home phone number (area code and number)	Business phone number (area code and number)	
Date of birth (mm/dd/yyyy)	Social Security number (4 last digits only)	

### Section 2 - Employment information

Name of the employer	Position of the member																
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M	M	D	D	Y	Y	Y	Y										
M	M	D	D	Y	Y	Y	Y										
Employment start date	Position start date																

### Section 3 - Termination information

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M	M	D	D	Y	Y	Y	Y																			
M	M	D	D	Y	Y	Y	Y																			
Date of termination	Last pay date	Date of last wage/cont report submitted																								

### Reason for separation from service

Type of retirement (check one):  Service retirement  Disability retirement  Survivor benefit (death in service)

Retirement sub type (for disability only – check one):  Ordinary  Accidental

For accidental disability, please provide annual salary rate: \$ \_\_\_\_\_



## EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

### Section 4 - Unreported wages, contributions and service credit

Pay period start date	Pay period end date	Wages	Contributions	Types of wages	Service credited for this period

### Section 5 - Supplemental pension information

Is your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)?  Yes  No

If yes, please give the number of years in your municipality and amount of bonus: # of years \_\_\_\_\_ \$ \_\_\_\_\_ per year

### Section 6 - Salary certification

*Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.*

T E A C H E R	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year	

M U N I C I P A L	Year	Full contractual salary (calendar year)	# of pay periods	Longevity earned	Effective date of longevity	10 month employee	12 month employee
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>



## EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

### Section 6 – Salary certification *(continued)*

S T A T E	Year	Retro payments <i>(if applicable to years listed)</i>	Effective date of retro	Amount of retro per pay period	10 month employee	12 month employee	
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

### Section 7 – Disclaimer and signatures

The member understands that the Employment information, Termination information and Unreported wages, contributions and service credit contained on this form have been provided solely by the employer. By signing this form the member acknowledges that he/she has voluntarily made the decision to submit the completed form to the Employees' Retirement System of Rhode Island (ERSRI) which includes the member's date of termination and projected final wages and service credits through the date of termination. The member further understands that if he/she has made the determination not to terminate after submission of this form, he/she must notify ERSRI in writing immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on this form, and once the member has cashed a pension check, the member's retirement is final and cannot be rescinded.

The undersigned acknowledges that he/she has read the foregoing disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record to the retirement system in an attempt to defraud the system may be subject to criminal prosecution, and with that understanding, I certify that all information on this form is true and correct.


Authorized employer representative signature

M | M | D | D | Y | Y | Y | Y  
Date of signature

Authorized employer representative name *(print)*

Title

Authorized employer representative phone number  
*(area code and number)*

Member signature

M | M | D | D | Y | Y | Y | Y  
Date of signature

*Please forward this completed form, dated and signed, to the following address:*

Employees' Retirement System of Rhode Island  
50 Service Avenue 2<sup>nd</sup> Floor  
Warwick, RI 02886-1021  
Office: (401) 462-7600 | Fax: (401) 462-7691  
Email: [ersri@ersri.org](mailto:ersri@ersri.org) | Web site: [www.ersri.org](http://www.ersri.org)



**Employees' Retirement  
System of Rhode Island**

## **INSTRUCTIONS – EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES**

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This form is to be completed by the employer when a member terminates employment and for the purpose of receiving benefits from ERSRI.

**Member information**

To be completed by ERSRI or employer.

**Employment information**

To be completed by employer.

**Termination information**

To be completed by employer.

**Unreported wages, contributions and service credit**

To be completed by employer. Types of wages include regular pay and leave payments.

**Supplemental pension information**

To be completed by employer.

**Salary certification**

To be completed by employer.

**Disclaimer and signatures**

To be completed and signed by the authorized employer representative and by the member.