

Please print clearly in black ink.

Section 1: Member Information

First Name MI Last Name

Address

Address

City State ZIP

Home Telephone Number Business Telephone Number

Date of Birth (mm/dd/yyyy) SSN (last 4 digits only)

Section 2: Spouse Information

First Name MI Last Name

Date of Birth (mm/dd/yyyy)

Section 3: Retirement Information

What is your anticipated Retirement Date? _____

Are you currently working for an ERS or MERS employer? _____

Have you worked in a reduced hours or part-time position? _____

Have you taken any leaves from work, including Workers' Comp, during your career? _____

Were you divorced and if so was your pension benefit subject to your divorce decree? _____

Section 4: Member's Signature

The calculation of retirement eligibility provided assumes that you will continue to work all allotted hours of your position. If you work part-time in a full-time position, experience periods of disability, take an unpaid leave of absence, or leave employment prior to reaching retirement eligibility your eligibility date may be adjusted.

Signature

Date of Signature (mm/dd/yyyy)

Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

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 | **Website:** www.ersri.org