

PRIVATE TEACHING CREDIT REQUEST FORM

This form is for the purchase of Private Teaching credit in the State of Rhode Island, grades K-12 only. Please print or type in black ink. This form must first be authorized by the member and certified by an ERSRI school official, forwarded to the former employer for certification, then forwarded to the former retirement system for completion. The completed form must then

Please print clearly or type in black ink.

Section 1: Member Data

SSN		Date of Birth	n (mm/dd/yyyy)
First Name	МІ	Last Name	
Address			
Address			
City		State	ZIP

Section 2: 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.

Member Signature

Date of Signature (mm/dd/yyyy)

Section 3 : ERSRI School Official's Certification

Current School District and Position

Current School Year and Contractual Salary

I hereby certify the above salary information to be true and correct based upon our official records.

Member Signature

Date of Signature (mm/dd/yyyy)



PRIVATE TEACHING CREDIT REQUEST FORM

Section 4: Former Employer Information

School/School District	Telephone Number	Fax Number	Non-Profit	Profit
First Name	<i>MI</i>	Last Name		
Address				
Address				
City		State	ZIP	

Section 5: Former Employer Certification

Employee's Title	Number of I	Days in School Year
Was service rendered on a substitute or temporary basis?	Yes	No

Report service rendered in your school/district. List each service year separately, and indicate whether service was rendered on a full-time or part-time basis. If service was part-time, please indicate percentage of full-time employment.

Period of Employment		Number of		Part-Time	
From (mm/dd/yyyy)	To (mm/dd/yyyy)	Working Days (Max 180)	Full-Time	(List % of Full-Time)	

(Former Employer Certification continued on next page)





Was there a former Retirement System? Yes

If yes, after completing this section, please forward this form to the Retirement System or Plan in which the person was a member for completion.

No

I hereby certify the above information to be true and correct based upon our official records.

Signature		Date of Signature (mm/dd/yyyy)
Print Name	Title	

Section 6: Former Retirement System or Pension Plan Certification

Is the member receiving or entitled to receive a benefit from your system or plan based on this service?

Yes No

If this member becomes eligible to receive a retirement benefit from your system, which includes the service certified for purchase in the Employees' Retirement System of Rhode Island, please inform this office immediately.

Signature		Date of Signature (mm/dd/yyyy)
Print Name	Title	
Name of Retirement System		

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: <u>ersri@ersri.org</u> | Website: <u>www.ersri.org</u>