

This form is for the purchase of Private Teaching credit in the State of Rhode Island, grades K-12 only. 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.

Please print clearly or type in black ink.

**Section 1: Member Information**

SSN \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ 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) \_\_\_\_\_

**Section 4: Former Employer Information**

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

**Section 5: Former Employer Certification**

Employee's Title	Number of 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 Working Days (Max 180)	Full-Time	Part-Time (List % of Full-Time)
From (mm/dd/yyyy)	To (mm/dd/yyyy)			

(Former Employer Certification continued on next page)

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Was there a former Retirement System?                      Yes                      No

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.

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

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*Signature*

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*Date of Signature (mm/dd/yyyy)*

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*Print Name*

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*Title*

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### 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.

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*Signature*

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*Date of Signature (mm/dd/yyyy)*

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*Print Name*

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*Title*

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*Name of Retirement System*

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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](mailto:ersri@ersri.org) | **Website:** [www.ersri.org](http://www.ersri.org)