

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: Employee Information

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

First Name *MI* *Last Name*

Address

City *State* *ZIP*

Email Address *Daytime Telephone Number*

Section 2: Employee 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 : Current School Official's Certification

Current School District and Position *Current School Year and Contractual Salary*

Email Address *Telephone Number*

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

Signature of Current School Official *Date of Signature (mm/dd/yyyy)*

Section 4: Former Employer Information

_____ Non-Profit Profit
School/School District Telephone Number Fax Number

First Name MI Last Name

Address

City State ZIP

Email Address

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)

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.

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

Email Address

Telephone Number

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