



Guide to Retirement Forms

State Employers

State Employer Retirement Verifications

- Employer Certification of Retirement and Final Wages
- Salary Verification for Service Credit
- Verification of Retroactive Salary

Employer Certification of Retirement and Final Wages – Page 1 of 3



Employees' Retirement
System of Rhode Island

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	
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

M M D D Y Y Y Y	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: \$ _____



Section 2

Employment Information

Section 2 - Employment information

State -Department of Human Services

Name of the employer

0 1 0 1 1 9 8 9

Employment start date

Eligibility Technician

Position of the member

1 2 3 0 2 0 0 0

Position start date

1 Name of the employer

– State and Agency employee retired from

2 Position of the member

– specific position title retired from

Section 3

Termination Information

Section 3 - Termination information

0	6	1	9	2	0	2	4	0	6	2	0	2	0	2	4	0	6	2	6	2	0	2	4
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: \$ _____

- 1 **Date of Termination** - last day of employment (effective date CS-5)
- 2 **Last pay date** – last pay period end date for wages earned
- 3 **Date of last wage/contribution submitted** to retirement – paid date

Employer Certification of Retirement and Final Wages – Page 2 of 3



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.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year	

MUNICIPAL	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"/>

Section 4

Unreported wages, contributions and service credit

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
1	6/07/24	6/20/24	\$1,900	\$209	Regular	10 days

- 1 Remaining pay periods of wages and contributions to be reported to retirement.
- 2 Number of days worked in the pay period.



Employer Certification of Retirement and Final Wages – Page 3 of 3



EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

Section 6 – Salary certification (continued)

S T A T E	Year	Retro payments (if applicable to years listed)	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 2nd Floor
 Warwick, RI 02886-1021
 Office: (401) 462-7600 | Fax: (401) 462-7691
 Email: ersri@ersri.org | Web site: www.ersri.org



Section 6

Retro payments

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	<u>10 month</u> employee	<u>12 month</u> employee
	2024	* \$800	9/1/23 – 12/21/23	8 pp at \$100	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2024	* \$600	12/22/23 – 3/14/24	6 pp at \$100	<input type="checkbox"/>	<input checked="" 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"/>

1

* Retroactive payments for 3-day rule.

- 1 • If employee had a retro payment of salary in his/her final three years, include each retro payment amount by year along with the effective pay period start and end date when it was earned.
- Include number of pay periods (pp) and amount per pp.
- Add a footnote with reason for retro (i.e. 3-day rule).
 - attach Payroll Adjustment Reports when varying amounts

Employer Certification of Retirement and Final Wages – Page 3 of 3



EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

Section 6 – Salary certification (continued)

S T A T E	Year	Retro payments (if applicable to years listed)	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"/>

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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

 Date of signature

 Authorized employer representative name (print)

 Title

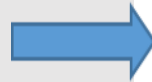
 Authorized employer representative phone number
 (area code and number)

 Member signature

 Date of signature

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

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 | Web site: www.ersri.org



Section 7

Disclaimer and Signatures

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.

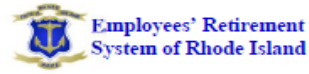
The undersigned acknowledges that he/she has read the foregoing disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

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.

<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	Y	Y		
M	M	D	D	Y	Y	Y	Y				
Authorized employer representative signature	Date of signature										
<input type="text"/>	<input type="text"/>										
Authorized employer representative name (<i>print</i>)	Title										
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Authorized employer representative phone number (<i>area code and number</i>)											
<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	Y	Y		
M	M	D	D	Y	Y	Y	Y				
Member signature	Date of signature										

Authorized employer representative signature and member signature **required** before employer submits completed form to retirement.

Salary Verification for Service Credit



SALARY VERIFICATION FOR SERVICE CREDIT

*For teachers, please use the Teacher Day Count Verification of School Days Worked form.
This form should only be used for reporting salary and determining service credit for state and municipal employees.
Do not submit this form for requesting purchase of leave time; for purchase of leave, use the Official Leave Verification form.*

Please print clearly in black ink. Your promptness is appreciated.

Section 1 - Employer data

Reporting agency

Address (street number and name)

City State Zip code

Phone number (area code and number) Fax number (area code and number)

Section 2 - Employee data

First and middle names Last name

Address (street number, street name and apartment number)

City State Zip code

Social Security number (4 last digits only)

Section 3 - Employer certification of service credit and salary

Employer: Please complete the following information.

State and municipal employees report salary on calendar year (Jan. - Dec.) <i>Indicate year below</i>	Contractual salary <i>(not actual salary earned)</i>	Part-time <i>Indicate "PT"</i>	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"/>
			<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 3

Employer Certification of Service Credit and Salary

Section 3 - Employer certification of service credit and salary

Employer: Please complete the following information.

State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i>	Contractual salary <i>(not actual salary earned)</i>	Part-time <i>Indicate "PT"</i>	10 month employee	12 month employee
1990	\$40,200		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1991	\$32,100		<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

1 Contractual Salary (not actual salary earned)

For 12-month full time employee - What **would have earned** in a calendar year if worked and earned the full 26 pay periods of salary without any time without pay. Provide same information if had a **reduced** work week arrangement.

For 10-month full time employee - What **would have earned** in a calendar year if worked all the required days during the 10-month academic period without any time without pay.

Section 3

Employer Certification of Service Credit and Salary

Section 3 – Employer certification of service credit and salary

Employer: Please complete the following information.

2

State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i>	Contractual salary <i>(not actual salary earned)</i>	Part-time <i>Indicate "PT"</i>	10 month employee	12 month employee
1990	\$24,060	PT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1991	\$42,100		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2

If a Part-time position, indicate "PT" in column 2.

Most common State part-time positions – (Personnel Action Notice CS-3)

1. Part-time position with a work week of 20 hours and scheduled for 20 hours.
2. Part-time position with a work week of 40 or 35 hours and scheduled for 20 or 21 hours.

Section 3

Employer Certification of Service Credit and Salary

Section 3 – Employer certification of service credit and salary

2

Employer: Please complete the following information.

State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i>	Contractual salary <i>(not actual salary earned)</i>	Part-time <i>Indicate "PT"</i>	10 month employee	12 month employee
1990	\$24,060	PT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1991	\$42,100		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2 What determines a Posted Part-Time position?

A posted part-time position is a position **posted** with the requirement that the employee work at least 20 hours per week in that position, up to but not including full time or standard hours as defined by the employer.

Section 3

Employer Certification of Service Credit and Salary

Section 3 - Employer certification of service credit and salary

Employer: Please complete the following information.

2

State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i>	Contractual salary <i>(not actual salary earned)</i>	Part-time <i>Indicate "PT"</i>	10 month employee	12 month employee
1990	\$24,060	PT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1991	\$42,100		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2

If a Posted Part-Time position (minimum 20 hours per week)

- provide contractual salary at the part time salary rate for the minimum hours per week required to work.
- Add a footnote if posted part-time position.
- provide supporting documentation
 - defined in Regulation 1.20 Membership and Service Credit (excerpt to follow).

Section 3

Employer Certification of Service Credit and Salary

2

Regulation 1.20 Membership and Service Credit

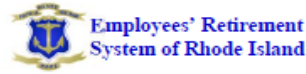
Excerpt from Part C.

1. The following documentation must be provided to ERSRI to establish employment in an eligible posted part-time position:

- a. The job posting or the history file; and
- b. The personnel action form signed by the Personnel Administrator, Appointing Authority, Town Manager, or Mayor; or
- c. Any other employer documentation deemed appropriate and approved by the ERSRI.

Salary Verification for Service Credit

Section 4



SALARY VERIFICATION FOR SERVICE CREDIT

Section 3 – Employer certification of service credit and salary *(continued)*

State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i>	Contractual salary <i>(not actual salary earned)</i>	Part-time <i>Indicate "PT"</i>	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"/>

Section 4 – Employer official's statement and signature

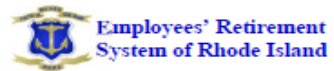
I hereby certify the above information to be true and correct based upon our official records.

<input type="text"/>		<input type="text"/>	
Preparer name <i>(print)</i>		Preparer phone number <i>(area code and number)</i>	
<input type="text"/>		<input type="text"/>	
Employer official signature		Date of signature	
<input type="text"/>		<input type="text"/>	
Employer official name <i>(print)</i>		Title	
<input type="text"/>		<input type="text"/>	
Employer official phone number <i>(area code and number)</i>			
<input type="text"/>			

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

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 | Web site: www.ersri.org

Verification of Retroactive Salary



VERIFICATION OF RETROACTIVE SALARY

Please print clearly in black ink.

Section 1 – Employer data

Reporting agency _____

Address (street number and name) _____

City _____ State _____ Zip code _____

Phone number (area code and number) _____ Fax number (area code and number) _____

Section 2 – Employee data

First and middle names _____ Last name _____

Address (street number, street name and apartment number) _____

City _____ State _____ Zip code _____

Social Security number (4 last digits only) _____

Section 3 – Employer certification of retroactive salary information

Employer: Please complete the following information.

Date retro paid	Effective start and end date of retro	Amount of retro per pay period	Total amount of retro pay

Verification of Retroactive Salary (04/2016)

(continued on back)



Section 3

Employer Certification of Retroactive Salary Information

Section 3 - Employer certification of retroactive salary information

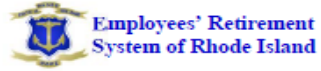
<i>Employer: Please complete the following information.</i>			
Date retro paid	Effective start and end date of retro	Amount of retro per pay period	Total amount of retro pay
6/29/14-7/12/14	4/6/14-5/31/14	4 pp at \$85	\$340

Total amount of retro pay

- 1 Effective start and end date of retro
 - start and end date of the pay period it was worked and earned.
- 2 Amount of retro per pay period
 - include number of pay periods and amount per pay period.
 - attach Payroll Adjustment Reports when varying amounts.

Verification of Retroactive Salary

Section 4



VERIFICATION OF RETROACTIVE SALARY

Section 4 – Official's statement and signature

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

Preparer name (print)											Preparer phone number (area code and number)							
Official's signature											M	M	D	D	Y	Y	Y	Y
Official's name (print)											Date of signature				Title			
Official's phone number (area code and number)																		

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

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 | Web site: www.ersri.org

Employer Contacts

Pensionable Wage Determination

Kimberly C. DeCosta

Director of Member Services

Phone 401.462.7601

Email Kimberly.DeCosta@ersri.org

Reporting Wage and Contributions

Thelma Augusto

Wage and Contribution Manager

Phone 401.462.7647

Email Thelma.D.Augusto@ersri.org

ER Portal Mailbox ersri.employer.portal@ersri.org

Questions?