

A photograph of a small, cylindrical stone lighthouse perched on a rocky coastline. The lighthouse has a black metal railing around its top and a red light is visible inside the lantern room. The sky is a clear, pale blue, and the ocean is visible in the background. The foreground shows dark, jagged rocks.

Your Retirement Benefits

Correctional Officers

Who is a Member of the Correctional Officers' Plan?

Employees in the below list of positions are in the Correctional Officers' plan:

- Associate Director Classification
- Chief of Inspections
- Work and Rehabilitation Program Supervisor
- Records & Identification Officer Lt
- Records & Identification Officer Captain
- Classification Counselor
- Correctional Officer
- Correctional Officer Captain
- Correctional Officer Lieutenant
- Correctional Officer Steward
- Correctional Officer Hospital
- Correctional Officer Hospital II
- Correctional Officer Hospital Supervisor
- Correctional Officer Training Instructor
- Correctional Officer Armorer
- Correctional Officer Canine
- Correctional Officer Trainee
- Supervisor of Correctional Officer Training

Employees who work at DOC but whose titles do not contain the ones noted above are eligible for State Employee benefits only.



What is your Retirement Benefit?

Members of the Correctional Officers' plan have a Defined Benefit plan or **Pension plan**.

Your Pension Benefit is managed by ERSRI and **pays you a specific amount of money per month** when you are eligible to retire.



You contribute 8.75% of your salary towards your individual pension.



Your employer contributes into the pension fund for all employees.



The amount of your monthly pension benefit is based on a number of criteria including your schedule, how long you have worked and your salary.

What is a Defined Benefit or Pension Plan?

What's a Schedule?

Schedules are determined by when you were hired, your age and how many years of service you had at certain points in time.



Schedule type impacts when you are eligible to retire, your accruals and service credit factor, and what your benefit will be when you retire.

How do we Determine Your Schedule?

Please Note: for the purposes of schedule determination and retirement eligibility, only contributory years of service are counted.

Schedule CO Eligible

- Eligible to retire as of 9/30/2009.

Schedule CO₁E

- Active as of 10/1/2009 but not eligible to retire at that time. Became eligible to retire on or before 6/30/2012.

Schedule CO₁NE

- Active as of 10/1/2009, but not eligible to retire as of 9/30/2009 or 6/30/2012.

Schedule CO₂

- New hires on or after October 1, 2009.

Schedule CO₃

- New hires on or after July 1, 2012.

When Can You Retire?

Retire with Full Benefits:

- a. **Schedule CO Eligible:** 20 years of contributing service within DOC as of 9/30/2009 and age 50
- b. **Schedule CO_{1E}:** 25 years of service within DOC as of 6/30/2012 and age 55 proportionally scaled back based on years earned as 9/30/2009.
- c. **Schedule CO_{1NE} CO₂ and CO₃:**
 - a. 25 years of service within DOC and age 55; OR
 - b. At least 5 years of service within DOC and Social Security Normal Retirement Age

Eligibility requires you to have completed at least 20 or 25 (depending on schedule) years of total contributory service within the Department of Corrections. Purchases do not count toward the 20 or 25 years with the exception of refund and Workers' Compensation purchases within the Department of Corrections.

Calculating Your Service Credit

Service Credit Factor

Each year that you work for a participating employer you accrue a set percentage (your accruals) that are added together to determine your Service Credit Factor.

Years of Service	Members with AT LEAST 25 Years of Service as of 6/30/12	Members with LESS than 25 years of service as of 6/30/12
Years 1-30	2% per year	2% per year
Year 31	6% per year	3% per year
Year 32	5% per year	3% per year
Year 33	4% per year	3% per year
Year 34	3% per year	3% per year
Year 35 and After	2% per year	3% per year
Maximum Service Credit Factor	75% or service credit factor as of 6/30/2012 up to 80%, whichever is greater	75%

Calculating Your Highest Average Salary

Depending on your schedule, your highest average salary is the average of your highest 3 or 5 consecutive (back to back) years of salary as of retirement.

**Highest
Average
Salary**

Schedule	Highest Average Salary
Schedule CO Eligible	3 highest consecutive years
Schedules CO1E, CO1NE , CO2 and CO3	5 highest consecutive years

Calculating Your Pension Benefit

How is your pension benefit calculated?

Service
Credit
Factor



Highest
Average
Salary



Your
Pension
Benefit

Your Pension Payment Options

- A Qualified Domestic Relations Order (QDRO) may restrict your pension payment options.
- Option 1: J&S100 and Option 2: J&S50 are actuarially reduced benefits based on difference in age between member and beneficiary.
- One time change is permitted while living if Option 1: J&S100 and Option 2: J&S50. The change of option form must be received by ERSRI prior to death.

Payment Option	Amount	Spouse/Beneficiary Amount	Allowed to Switch Options One Time?
Service Retirement Allowance (SRA)	Full benefit paid monthly to the member	\$0	No
Option 1: Joint & Survivor 100%	Reduced benefit	Spouse or beneficiary receives same monthly benefit after member's death	Yes – to Option 2 or SRA
Option 2: Joint & Survivor 50%	Reduced benefit	Spouse or beneficiary receives 50% of the monthly benefit after member's death	Yes – to Option 1 or SRA

Receiving Your Pension Payments

- Your first pension payment will be received 2-3 months after retirement. (Payment is retroactive to date of retirement.)
- Each payment will be directly deposited to your bank account.
- An e-mail will be sent to you each month notifying you that your direct deposit stub is available online.
- Payments will be made on the last business day of the month for the month.

Death Benefits

What benefits are your survivors entitled to?

- A member's designated beneficiary is eligible to receive a one time death benefit payment regardless of retirement option selected.
- Benefit is \$800 per year of completed service, up to a maximum benefit of \$16,000 with 20 years of service.
- Benefit reduces 25% each year of retirement to a minimum death benefit of \$4,000.

**Please be sure to keep your beneficiary
information up to date with ERSRI.**

What About A Cost of Living Adjustment?

Annual COLA and 4 Year COLA:

- If ERS plan (teachers, state, judges, and state police) is less than 80% funded, the Annual COLA is suspended.
- For plans less than 80% funded, an interim 4 Year COLA is paid to members once they become COLA eligible.
- The Annual COLA resumes when your plan is 80% funded.

COLA Eligibility

- Members retiring today become eligible for the Annual COLA and 4 Year COLA the month after reaching their Social Security Normal Retirement Age AND the three year anniversary date of their retirement.

What About A Cost of Living Adjustment?

COLA Calculation:

- The Annual and 4 Year COLAs are calculated based on equal parts of 50% of investment performance minus 5% and 50% of inflation with a maximum COLA of 3.5%.
- For members retiring now, the Annual and 4 Year COLAs are paid on the first \$26,688 (indexed) of your annual pension benefit.

A Note on State Health Care Coverage Eligibility...

Contact the Office of Employee Benefits or Via Benefits about health care BEFORE making your decision about when to retire.

- The Office of Employee Benefits (OEB) administers health care benefits for retired state employees between the age of 59-64 and Via Benefits manages benefits for member 65+
- Members who are over the age of 59 and have at least 20 years of *state* service may be eligible for an 80% subsidy for individual health coverage through OEB or Via Benefits.
- Members who take a deferred pension (terminate employment prior to reaching retirement eligibility) and wait to collect their benefit are *not* eligible for state health coverage.

Office of Employee Benefits • (401) 574-8530 • www.employeebenefits.ri.gov

Retirement Forms

Divorced?

Please be sure to provide you final court entered divorce judgement and property settlement agreement with your retirement paperwork.

- ☐ **Application for Retirement**
 - Send to ERSRI, 50 Service Ave, 2nd Floor, Warwick, RI 02886 before your last day.
- ☐ **Retirement Benefit Statement Form**
 - Send to ERSRI, 50 Service Ave, 2nd Floor, Warwick, RI 02886 before your last day.
- ☐ **Tax Withholding Form**
 - Send to ERSRI, 50 Service Ave, 2nd Floor, Warwick, RI 02886 before your last day.
- ☐ **Direct Deposit Form**
 - Send to ERSRI, 50 Service Ave, 2nd Floor, Warwick, RI 02886 before your last day.
- ☐ **Basic Group Life Insurance Election Form** (if applicable)
 - Send to ERSRI, 50 Service Ave, 2nd Floor, Warwick, RI 02886 before your last day.
- ☐ **Employees' Certification of Retirement and Final Wages**
 - Send to your payroll/human resources department within 3 months prior to terminating employment.
- ☐ **Retiree Health Care Election** (if applicable for health from state)
 - If under 65, send to Office of Employee Benefits, One Capitol Hill, Providence, RI 02908 before your last day.
 - If age 65 or older contact Via Benefits at 844-448-7298
- ☐ **Beneficiary Nomination Form**
 - Send to ERSRI, 50 Service Ave, 2nd Floor, Warwick, RI 02886 before your last day.

Application for Retirement



Employees' Retirement
System of Rhode Island

APPLICATION FOR RETIREMENT

Also attach a copy of the beneficiary's birth certificate or passport.

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)		Email address
Date of birth (mm/dd/yyyy)	Social Security number (4 last digits only)	
Date of retirement (mm/dd/yyyy)	Date of termination (mm/dd/yyyy)	

Section 2 – Joint & survivor benefit information (beneficiary for monthly pension benefit only)

First name	MI	Last name
Address (street number, street name and apartment number)		
City	State	Zip code
Date of birth (mm/dd/yyyy)	Social Security number	Relationship

Section 3 – Member's signature

I, the undersigned, certify that I understand my rights and benefits as a member of the Employees Retirement System of Rhode Island. Under the penalties of perjury, I further certify that I have not been convicted or pled guilty to any crime related to my public office or public employment as defined in Rhode Island General Laws Sec 36-10.1-2.

I hereby apply to retire from the said system and understand that my retirement will become effective on the first day following my termination or the first day of the month this signed application is received in the ERSRI office, whichever is later.

Member signature		Date of signature					

Membership Information

PLANNAME

Membership Information

Every effort has been made to ensure the accuracy of the information shown below. Any changes in the information below may affect the amount of benefit or refund displayed on the Retirement Benefit Statement. If you feel that any of the information is incorrect, please contact ERSRI. If no information is displayed in the below "Beneficiary as per our Records" section, or if the information is incorrect, please complete the Beneficiary Designation Form available on the ERSRI website at www.ersri.org.

RETIREMENT INFORMATION

Last day of employment
Date of retirement

TerminationDate
RetirementDate

PERSONAL INFORMATION

Date of birth
Date of employment
Date of 1st contribution
Marital status

BirthDate
EmploymentDate
MembershipDate
MaritalStatus

BENEFICIARY AS PER OUR RECORDS

Name of beneficiary
Date of birth of beneficiary
Relationship
Benefit type

FirstName LastName
BirthDate
Type
BenefitType

Name of beneficiary
Date of birth of beneficiary
Relationship
Benefit type

FirstName LastName
BirthDate
Type
BenefitType

SERVICE

Contributing service (including refund buyback)
Other purchased service
Total service as of retirement date

Contributing service
Purchased service
Total service

SERVICE CREDIT FACTOR

Service credit factor as of retirement date

Service credit factor

HIGHEST AVERAGE SALARY

Highest average salary as of retirement date

Salary

Retirement Benefit Statement Form

PLANNAME

Retirement Benefit Statement

Before making any decision, carefully read the **Explanation of Benefits** section and review the options available below. Please select only one payment option by placing your initials next to the payment option you choose and then writing in the letter choice below. Sign and date this statement.

The final amounts will be determined upon processing the pension payment.

		Monthly pension payable	
		To pensioner	On death of pensioner
A	SRA – Service Retirement Allowance From Date1	\$0.00	\$0.00
B	Option 1 – Joint & Survivor 100% From Date1	\$0.00	\$0.00
C	Option 2 – Joint & Survivor 50% From Date1	\$0.00	\$0.00
D	SRA Plus – Social Security Option *		
	From Date1 to Date2 From Date3	\$0.00 \$0.00	\$0.00 \$0.00

* If you choose SRA Plus – Social Security Option, your benefit will be reduced the month following your 62nd birthday.

All options are equivalent to the Service Retirement Allowance. For more information on the assumptions used, please contact the Employees' Retirement System of Rhode Island (ERSRI).

I hereby request that the benefits to which I am entitled under the Plan be paid according to (indicate the letter of your choice) _____.

Signature of Member

Date

Tax Election Form



Employees' Retirement
System of Rhode Island

CERTIFICATE OF TAX WITHHOLDING PREFERENCE OR TAX WITHHOLDING CHANGE

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)	Social Security number (4 last digits only)	

Section 2 – Federal tax withholding status and exemptions

Withholding status (check one): ☐ Married ☐ Single

Number of exemptions claimed:

Section 3 – Federal tax withholding preference (check one)

- ☐ I do not wish to have federal taxes deducted from my monthly pension payment.
- ☐ I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above.
- ☐ I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above. I wish to have an additional \$ withheld from each monthly pension payment in addition to the amount to be withheld on the basis of withholding status and exemption indicated above.
- ☐ I wish to have ERSRI withhold a total amount of \$ from each monthly pension payment.

Section 4 – RI state income tax withholding preference (check one)

- ☐ I do not wish to have Rhode Island state taxes deducted from my monthly pension payment.
- ☐ I wish to have ERSRI determine the amount, if any, of Rhode Island state taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above.
- ☐ I wish to have ERSRI determine the amount, if any, of Rhode Island state taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above. I wish to have an additional \$ withheld from each monthly pension payment in addition to the amount to be withheld on the basis of withholding status and exemption indicated above.
- ☐ I wish to have ERSRI withhold a total amount of \$ from each monthly pension payment.

Direct Deposit Form



Employees' Retirement
System of Rhode Island

REQUEST FOR DIRECT DEPOSIT

Please enclose a voided check or a copy of any other document from your bank showing your full account number.
Allow up to 2 full months for any changes or new direct deposit information to be effective.

Please print clearly in black ink.

Check one box: ☐ New sign-up ☐ Change to existing direct deposit account

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)	
Email address	Social Security number (4 last digits only)	

Section 2 – Direct deposit information

Check one box: ☐ Checking account ☐ Savings account

Name of bank or financial institution	
Bank's routing number	Account number

Section 3 – Member's statement and signature

I certify that I am entitled to an ERSRI retirement allowance, and authorize my payment to be sent to the financial institution named above and to be deposited in the designated account.

Member signature									Date of signature

Basic Group Life



Employees' Retirement
System of Rhode Island

BASIC GROUP LIFE INSURANCE ELECTION

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

Date of birth (mm/dd/yyyy)

Social Security number (4 last digits only)

Date of retirement (mm/dd/yyyy)

Date of termination (mm/dd/yyyy)

Section 2 – Basic Group Life Insurance

If you purchased Basic Group Life Insurance as an active employee, you may maintain coverage after retirement. If you decide to maintain this Basic Group Life Insurance, then your coverage will stay the same until age 65. At 65, it will start to reduce 24% per year until it decreases to 25% of the original amount. When the insurance is reduced, your monthly premium is also reduced proportionately. It will never reduce any lower than what it is at age 68. You will continue to pay at this reduced rate.

Basic Group Life Insurance amounts and costs at different ages		
Age	Policy amount	Monthly cost
64		
65		
66		
67		
68		

I elect my Basic Group Life Insurance coverage in force upon my retirement to be (check only one):

☐ Continued

☐ Discontinued

Section 3 – Member's signature

I, the undersigned, certify that I have read and that I understand the information regarding Basic Group Life Insurance options available to me as a retired member of the Employees' Retirement System of Rhode Island.

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:

Correctional Officers

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ERSRI
Employees' Retirement
System of Rhode Island

Employers Certification of Retirement and Final Wages – Page 1



Employees' Retirement
System of Rhode Island

EMPLOYER CERTIFICATION OF TERMINATION AND FINAL WAGES

*Do not submit this form more than 3 months prior to member's termination.
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
Employment start date	Position start date	

Section 3 – Termination information

Date of termination	Last pay date	Date of last wage/cont report submitted

Reason for separation from service (check one)

☐ Death	☐ Resigned	☐ Dismissed
☐ Transferred to another covered employer	☐ Terminated covered employment	☐ Other

Employers
Certification of
Retirement and
Final Wages –
Page 3



Employees' Retirement
System of Rhode Island

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
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

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

Authorized employer representative name (print)

Authorized employer representative phone number
(area code and number)

Member signature

M

M

D

D

Y

Y

Y

Y

Date of signature

Title

M

M

D

D

Y

Y

Y

Y

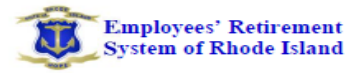
Date of signature

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



Beneficiary Designation Form



BENEFICIARY DESIGNATION

Complete all applicable items on this form; incomplete and unsigned forms will be returned.
For additional information, see instructions at the end.

Please print clearly in black ink.

Section 1 – Member information

First and middle names	Last name	
		☐ Member ☐ Retiree
Date of birth (mm/dd/yyyy)	Social Security number (4 last digits only)	Membership status (check only one)

Section 2 – Beneficiary designation for other benefits

To name an OAP beneficiary, you must be an active member with at least ten years of contributory service on or before June 30, 2012 or at least five years of contributory service on or after July 1, 2012.

Person as a beneficiary

First name	MI	Last name	
Address (street number, street name and apartment number)			
City	State	Zip code	Telephone (area code and number)
Relationship	Social Security number	Date of birth (mm/dd/yyyy)	
☐ Primary ☐ Contingent	☐ OAP	☐ Refund ☐ Death benefit	
Beneficiary type (check only one)	OAP election (if vested)	Benefit type	

First name	MI	Last name	
Address (street number, street name and apartment number)			
City	State	Zip code	Telephone (area code and number)
Relationship	Social Security number	Date of birth (mm/dd/yyyy)	
☐ Primary ☐ Contingent	☐ OAP	☐ Refund ☐ Death benefit	
Beneficiary type (check only one)	OAP election (if vested)	Benefit type	

Post Retirement Employment

Hired Post Retirement as a...	Days Allowed Before Pension Suspension	Gross Pay Allowed Before Pension Suspension	Time Period
State Employee	0	\$0	N/A
Registered Nurse	75 (or 150 half days)	N/A	Calendar Year
Classroom Instructor, Academic Advisor, or Coach at a State School Or College	N/A	\$18,000	Calendar Year
Drivers Ed Teacher	N/A	\$15,000	Calendar Year
MERS Employee	75 (or 150 half days)	N/A	Calendar Year
Teacher	90 (or 180 half days)	N/A	School Year
Elected MERS official	Unlimited *	Unlimited *	N/A
Unpaid state or municipal board	Unlimited *	Unlimited *	N/A
Non Participating Municipality Employee	Unlimited	Unlimited	N/A

Any employment or reemployment may begin no earlier than 45 days after separation/termination from employment

* Unlimited except for those who previously worked and earned service credit as an elected official or board member.

Important Contact Information

Employees' Retirement System of Rhode Island (ERSRI)

50 Service Avenue, 2nd Floor, Warwick, RI 02886

(401) 462-7600

www.ersri.org

Office of Employee Benefits – Retiree Health (Age 59-64 with 20 years of State service)

One Capitol Hill, Providence, RI 02908

(401) 574-8530

www.employeebenefits.ri.gov

Via Benefits – Retiree Health (Age 65+)

1-844-448-7298

www.my.viabenefits.com/ri

Aetna - Basic Group Life Insurance

1-800-523-5065

TIAA - DC Plan Coordinator

Providence Office

1-800-897-1026

www.tiaa.org

Federal Social Security

Providence Office

1-877-402-0808

www.ssa.gov