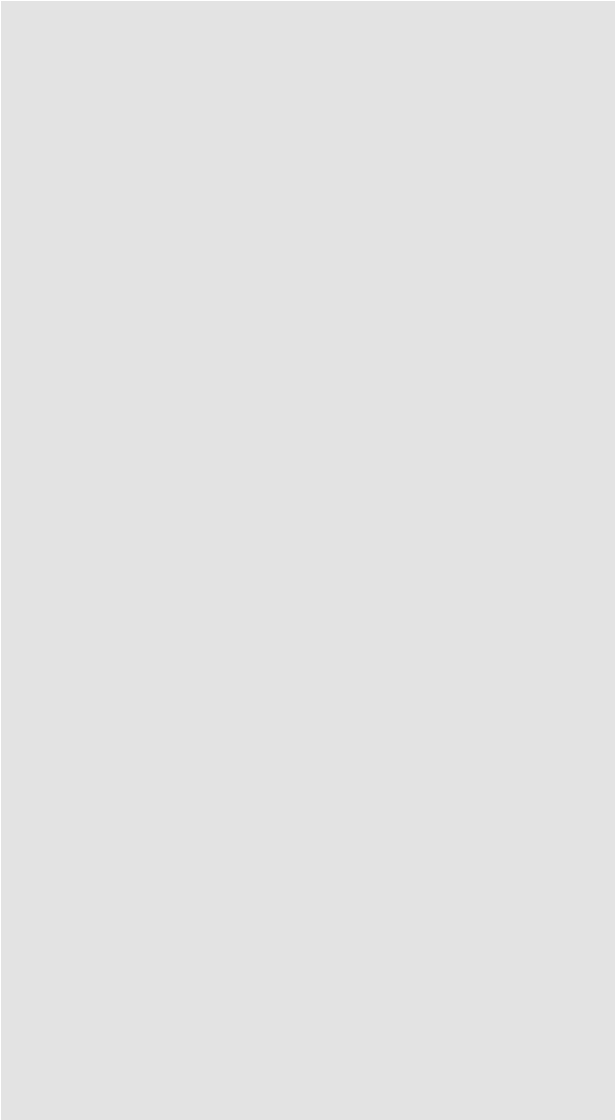




How to Complete Your Retirement Paperwork



You're Ready to Retire... Now What?

- As part of your Retirement Benefit Estimate you received a Required Documents Checklist and all the forms you need to retire.
- These forms should be submitted **prior** to your retirement date.

Why does it Matter When You Submit Your Paperwork?

- For the purposes of payment of your ERSRI pension, your retirement will become effective on the first day following your date of termination or the first day of the month your retirement application is received by ERSRI, **whichever is later.**
- In other words, if your termination date is January 31st and your retirement application is not received until March 1st, you will **not** receive a pension payment for the month of February.
- Please be sure to submit your necessary forms in a timely manner.

Retirement Forms

- ❑ **Beneficiary Designation Form**
 - 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.
- ❑ **Application for Retirement**
 - 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.
- ❑ **Tax Withholding 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 OneExchange at 844-448-7298
- ❑ **Additional Documentation:**
 - Members in special circumstances **may** be required to submit additional documentation as noted on slide 13

Membership Information

This page details the information used to calculate your pension estimate. If any of the information on this page is incorrect please contact your retirement counselor.

You may keep this page for your records.

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	TerminationDate
Date of retirement	RetirementDate

PERSONAL INFORMATION

Date of birth	BirthDate
Date of employment	EmploymentDate
Date of 1 st contribution	MembershipDate
Marital status	MaritalStatus

BENEFICIARY AS PER OUR RECORDS

Name of beneficiary	FirstName LastName
Date of birth of beneficiary	BirthDate
Relationship	Type
Benefit type	BenefitType

Name of beneficiary	FirstName LastName
Date of birth of beneficiary	BirthDate
Relationship	Type
Benefit type	BenefitType

SERVICE

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

SERVICE CREDIT FACTOR

Service credit factor as of retirement date	Service credit factor
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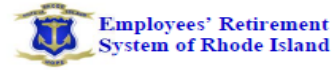
HIGHEST AVERAGE SALARY

Highest average salary as of retirement date	Salary
--	--------

Beneficiary Designation Form

FORM INSTRUCTIONS:

- You are responsible for keeping your beneficiary information up to date with us. (ERSRI does not receive beneficiary information from your employer.)
- Please be sure to sign, notarize and return page 4 with your completed form and return to ERSRI



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		<input type="checkbox"/> Member <input type="checkbox"/> 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)	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> OAP		<input type="checkbox"/> Refund <input type="checkbox"/> 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)	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> OAP		<input type="checkbox"/> Refund <input type="checkbox"/> Death benefit	
Beneficiary type (check only one)		OAP election (if vested)		Benefit type	

Retirement Benefit Statement Form

FORM INSTRUCTIONS:

- Select your payment option by initialing next to your selection AND indicating the letter of your choice.
- Sign and Return to ERSRI

ERS

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.

Initial Your Choice Below

		Monthly pension payable	
		To pensioner	On death of pensioner
A	SRA – Service Retirement Allowance From February 1, 2018	\$XX00.00	\$0.00
B	Option 1 – Joint & Survivor 100% From February 1, 2018	\$XX00.00	\$XX00.00
C	Option 2 – Joint & Survivor 50% From February 1, 2018	\$XX00.00	\$XX00.00

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).

Indicate the Letter of Your Choice Here

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

John Doe

12345

Page 5

Application for Retirement

FORM INSTRUCTIONS:

- This form **MUST** be received by ERSRI prior to your termination date. Failure to do so will reduce your retroactive pension payment.
- If your retirement date on this form is different than the date provided by your employer you do **not** need to complete a new form.
- Sign and Return to ERSRI



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	Telephone (area code and number)
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	M M D D Y Y Y Y
	Date of signature

M M D D Y Y Y Y

Direct Deposit Form

FORM INSTRUCTIONS:

- Direct deposit is mandatory for all members.
- Please double check all account information provided on this form and include a voided check or a bank document with routing and full account number.
- Sign and Return to ERSRI



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
------------------	-------------------

Tax Election Form

FORM INSTRUCTIONS:

- Please indicate your state AND federal tax withholding preference.
- Sign and Return to ERSRI



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.

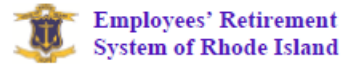
Section 4 – RI state income tax withholding preference (check one)

- 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.

Basic Group Life (if applicable)

FORM INSTRUCTIONS:

- Members who have group life coverage as an active employee must elect to maintain or discontinue group life coverage through the state as retirees.
- Please be sure to “Continue” or “Discontinue” coverage by checking the box in Section 2.
- Sign and Return to ERSRI



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

[Make Your Group Life Election Here](#)

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.

_____	M	M	D	D	Y	Y	Y	Y
Member signature	Date of signature							

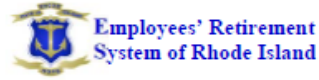
Please forward this completed form, dated and signed, to the following address:



Employers Certification of Retirement and Final Wages – Page 1

FORM INSTRUCTIONS:

- Complete Section 1
- Sign (member signature) on the last page in Section 7
- Provide to your **EMPLOYER** prior to termination to complete and return to ERSRI



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
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

Type of retirement (check one): Service retirement Disability retirement Survivor benefit (death in service)

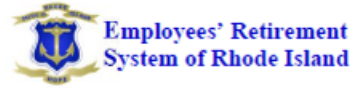
Retirement sub type (for disability only - check one): Ordinary Accidental

For accidental disability, please provide annual salary rate: \$ _____

Employers Certification of Retirement and Final Wages – Page 3

FORM INSTRUCTIONS:

- Your employer will complete the remaining sections of this form and return to ERSRI after you terminate employment.
- ERSRI cannot begin processing your pension benefit until we have received this form from your employer.



EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

Section 6 – Salary certification (continued)

STATE	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.

<input type="text"/>	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 (print)	Title

<input type="text"/>
Authorized employer representative phone number (area code and number)

Members Should Sign Here

<input type="text"/>	M M D D Y Y Y Y
Member signature	Date of signature



Potential Additional Required Documentation

If you fall into any of the categories on this slide, please be sure to submit these additional required documents with your retirement paperwork.

- Divorce Paperwork:** If you were divorced during state service please provide you final court entered divorce judgement and property settlement agreement to ERSRI.
- Spouse Birth Certificate:** If you are selecting a Joint and Survivor payment option (Option 1 or Option 2) please provide a copy of your spouse's birth certificate or passport to ERSRI.
- Salary Verification for Service Credit Form:** If you are provided with a Salary Verification for Service Credit form, please have your employer complete and return this form to ERSRI. We must receive this form to process your retirement.
- Verification of Retroactive Salary Form:** If you are provided with a Verification of Retroactive Salary form, please have your employer complete and return this form to ERSRI. We must receive this form to process your retirement.

Now what?

- Once ERSRI receives your completed retirement paperwork, the Employers' Certification of Retirement and Final Wages, and your final payroll is posted to our database, ERSRI will begin processing your pension payment.
- It may take 3-4 months to receive your first pension payment, which will be retroactive to your date of retirement.
- All pension payments will be directly deposited into your provided account.