
Section 4: Member's Statement and Signature

I hereby apply to terminate my employment and participation in the Employees' Retirement System of Rhode Island and understand that my termination will become effective on the first day following my last day of employment.

Member Signature

Date of Signature (mm/dd/yyyy)

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