

This form must first be authorized by the member and certified by an ERSRI school official, forward to the out-of-state employer for certification, then forward to the out-of-state retirement system for completion.

Please print clearly or type in black ink.

**Section 1: Member Information**

\_\_\_\_\_  
SSN Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

**Section 2: Member 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.

\_\_\_\_\_  
Signature of Member Date of Signature (mm/dd/yyyy)

**Section 3: School Official Certification**

\_\_\_\_\_  
Current School District and Position Current School Year and Contractual Salary

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

\_\_\_\_\_  
Signature of School Official Date of Signature (mm/dd/yyyy)

**Section 4: Out-Of-State Employer Information**

School/School District \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Non-Profit  Profit

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employee's First Name \_\_\_\_\_ Employee's MI \_\_\_\_\_ Employee's Last Name \_\_\_\_\_

**Section 5: Out-Of-State 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 school 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 percentage of Full-Time)
From (mm/dd/ccyy)	To (mm/dd/ccyy)			

Was there a former Retirement System? Yes  No

If yes, after completing this section, please forward this form to the Retirement System 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*

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### Section 6: Former Retirement System or Pension Plan Certification

**Is the member receiving or entitled to receive a benefit for 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*

\_\_\_\_\_  
*Name of Retirement System*

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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](mailto:ersri@ersri.org) | **Website:** [www.ersri.org](http://www.ersri.org)