

Check one box: State Teaching Municipality

Please print clearly or type in black ink.

Section 1: Employer Data

Reporting Agency _____ Telephone Number _____ Fax Number _____

Address _____

Address _____

City _____ State _____ ZIP _____

Section 2: Employee Data

SSN _____ Date of Birth (mm/dd/yyyy) _____

First Name _____ MI _____ Last Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

Section 3: Employer Certification

The above employee did not contribute for the dates: _____ to _____ and wishes to purchase this time towards retirement.

Was employment seasonal or casual? Yes No

Did employee work at least 20 hours per week throughout the year? Yes No

(Employer Certification continued on next page)

If employment was not seasonal/casual, and employee worked at least 20 hours per week, state reason employee did not contribute. (Must be answered) Employer should be prepared to provide supporting documentation.

Dates (Please breakdown by school year for teachers/calendar year for others)		Number of Days Worked (Max 180 for teachers/260 for others)	Salary (actually earned during this period)
From (mm/dd/yyyy)	To (mm/dd/yyyy)		

Section 4: Official's Statement and Signature

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

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