

Please print clearly or type in black ink.

Section 1: Employee Data

SSN Date of Birth (mm/dd/yyyy)

First Name MI Last Name

Address

City State ZIP

Section 2: Current Employer Data

Reporting Agency Telephone Number Fax Number

Section 3: Refunds Information

List all prior refunds you are requesting to purchase.

| Refund Date (approx.) | Refund Amount (approx.) | Employment Start Date | Employment End Date |
|-----------------------|-------------------------|-----------------------|---------------------|
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Section 4: Member's Signature

Signature Date of Signature (mm/dd/yyyy)

Print Name Phone/Email

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