



APPLICATION FOR ELIGIBILITY AND BENEFIT ESTIMATE

Complete and sign this form if you are considering retiring and would like to receive information on your retirement eligibility and estimated pension benefit amount.

Please print clearly in black ink.

Retirement plan (check one) State/Teachers Municipal/Police & Fire State Police Judges

Section 1 - Member information

First name			MI	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)			X	X	X	Social Security number (4 last digits only)

Section 2 - Spouse information

First name			MI	Last name		
Date of birth (mm/dd/yyyy)						

Section 3 - Anticipated retirement date

Retirement Date (mm/dd/yyyy)

Section 4 - Member's signature

Member signature	Date of signature
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Please forward this completed form, dated and signed, to the following address:

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 | Web site: www.ersri.org