



APPLICATION FOR ELIGIBILITY AND BENEFIT ESTIMATE

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

Please print clearly in black ink.

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)	
	X X X X X	
Date of birth (mm/dd/yyyy)	Social Security number (4 last digits only)	

Section 2 – Spouse information

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

Section 3 – Retirement information

What is your anticipated Retirement Date? _____

Are you currently working for an ERS or MERS employer? _____

Have you worked in a reduced hours or part-time position? _____

Have you taken any leaves from work, including Workers' Comp, during your career? _____

Were you divorced and if so was your pension benefit subject to your divorce decree? _____

Section 4 – Member's signature

The calculation of retirement eligibility provided assumes that you will continue to work all allotted hours of your position. If you work part-time in a full-time position, experience periods of disability, take an unpaid leave of absence, or leave employment prior to reaching retirement eligibility your eligibility date may be adjusted.

Member signature	Date of signature

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