ERS ALWCA
09/15

APPLICATION TO OBTAIN WORKERS' COMPENSATION CREDIT

Employees' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

MEMBER INFORMATION

Full Name _____
First Middle or Maiden Last

Date of Birth _____ Social Security Number _____

Home Address _____ Phone No. _____
Street or P.O. Box

_____
City State Zip Code + 4

EMPLOYER CERTIFICATION

I certify that the above named employee:

1. Received benefits pursuant to the Alabama Workers' Compensation Act set forth at §25-5-1, *et seq., Code of Alabama, 1975*;

2. Was absent from work due to a work related and compensable injury from _____, 20_____ to _____, 20_____; and

3. Returned to work on _____, 20_____, after workers' compensation benefits ceased on _____, 20_____.

Employee Job Classification _____

Employing Institution _____

Signature of Certifying Official _____ Date _____

Official Title _____

EMPLOYEE CERTIFICATION

I certify that I have not received credit in any retirement system or plan for the period that I am requesting to purchase credit in the Employees' Retirement System of Alabama for the period that I received workers' compensation benefits.

Employee Signature _____ Date _____