

INELIGIBLE MEMBER REFUND REQUEST

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

Do not submit this refund request until you have ceased withholding retirement deductions from the employees' compensation and the final contribution has been remitted to the Employees' Retirement System of Alabama.

Employee's Name _____
 First Middle Last

Social Security Number _____ - ____ - ____ **Register Number** E_____

A refund of retirement contributions and matching employer cost is hereby requested because the above named employee is ineligible for coverage in the Employees' Retirement System of Alabama for the reason stated below.

Reason for Ineligibility (must be specified): _____

Total Employee Refund Contribution Amount: \$ _____
(Amount to be determined by employer.)

Total Employer Contributions To Be Refunded: \$ _____
(Amount to be calculated by ERS staff.)

Total Refund Amount (Employee and Employer): \$ _____
(Amount to be calculated by ERS staff.)

Date Last Deduction Withheld from Employee's Salary: _____

Name of Employing Agency: _____

Agency's Mailing Address: _____

Signature of Employing Official _____ Date _____

Title of Employing Official _____