Ineligible Member Refund Request

Employees' Retirement System of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • 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 Information

Name _____
First Middle/Maiden 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 (required): _____

_____

_____

_____

Refund Amounts

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 _____

_____

_____

Employer Certification

Sign Here → **Signature of Employing Official** _____ **Date** _____

Title of Employing Official _____