



Application to Obtain Workers' Compensation Credit

Employees' Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

Your Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____

Employer Certification

To be completed by the employer.

I certify that the above named employee:

- Received benefits pursuant to the Alabama Workers' Compensation Act set forth at §25-5-1 et. seq., Code of Alabama 1975;
- Was absent from work due to a work related and compensable injury from _____
Month/Day/Year
to _____ ; and
Month/Day/Year
- Returned to work on _____ , after workers' compensation benefits ceased
Month/Day/Year
on _____ .
Month/Day/Year

Employing Institution _____

Employee Job Classification _____

Name and Title _____
Please Print

Telephone Number _____

Sign Here →
Certifying Official

Signature _____ **Date** _____

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.

Sign Here →
Employee

Your Signature _____ **Date** _____