

Ken S.

Employers' Certification of Retirement and Final Wages 5

DO NOT SUBMIT THIS FORM MORE THAN 3 MONTHS PRIOR TO MEMBER'S RETIREMENT

MEMBER INFORMATION

Name: LEONARD ALBANESE JR		SSN: [REDACTED]
Address: [REDACTED]		Date of Birth: [REDACTED] 1965
City: NORTH PROVIDENCE	State: RI	ZIP: 02904
Telephone Number: [REDACTED]		

EMPLOYMENT INFORMATION

Name of the Employer: TOWN OF NORTH PROVIDENCE, FIRE DEPARTMENT	Employment Start Date: 7-18-86	Employment End Date: 3-25-16
Position of the Member: FIRE CHIEF (CURRENT)	Position Start Date: 3-1-10	Position End Date: 3-25-16

TERMINATION INFORMATION

Date of Termination: 3-25-16	Last Pay Date: 4-22-16	Date of Last Wage & Contribution Report Submitted: 4-22-16
Type of Retirement:	Service Retirement <input checked="" type="checkbox"/>	Disability Retirement <input type="checkbox"/> Survivor Benefit (Death In Service) <input type="checkbox"/>
Retirement Sub Type:	Ordinary <input type="checkbox"/> Accidental <input type="checkbox"/>	Annual Salary Rate :

UNREPORTED WAGES, CONTRIBUTIONS AND SERVICE CREDIT

[illegible]

SUPPLEMENTAL PENSION INFORMATION

Is your Municipality accepting the provisions of §16-7-19.1 (Optional Incentive Bonus)? Yes ☐ No ☐

If yes, please give the number of years in your municipality and amount of bonus: # of years _____ \$ _____ per year

SALARY CERTIFICATION

REPORT 5 HIGHEST CONSECUTIVE YEARS OF SALARY OR LAST 5 YEARS SALARY, WHICHEVER IS GREATER. SALARY REPORTED MUST NOT INCLUDE OVERTIME, UNUSED SICK OR VACATION TIME, COMPENSATORY TIME, OR PAYMENTS MADE IN ANTICIPATION OF MEMBER'S RETIREMENT.

TEACHER	Year	Contractual Salary	# of Days in School Year	# of Days Worked with students in session	Amount Earned this School Year		

MUNICIPAL	Year	Full Contractual Salary (Calendar Year)	# of Pay Periods	Longevity Earned	Effective Date of Longevity	10 Month Employee	12 Month Employee
	2016	23,956.87	7	7,526.66	7-18-91	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2015	98,080.81	27	11,077.61	7-18-91	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2014	92,250.08	26	10,608.75	7-18-91	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2013	92,006.12	26	10,580.70	7-18-91	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2012	89,266.68	26	10,048.05	7-18-91	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2011	84,432.04	26	9,058.89	7-18-91	<input type="checkbox"/>	<input checked="" type="checkbox"/>

STATE	Year	Retro. Payments (if appl. to yrs listed)	Effective Date of Retro	Amount of Retro per Pay Period	10 Month Employee	12 Month Employee
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER and SIGNATURES

The member understands that the Employment Information, Termination Information, and Unreported Wages, Contributions and Service Credit contained on this form have been provided solely by the Employer. By signing this form the member acknowledges that he/she has voluntarily made the decision to submit the completed form to the Employees' Retirement System of Rhode Island (ERSRI) which includes the member's date of termination and projected final wages and service credits through the date of termination. The member further understands that if he/she has made the determination not to terminate after submission of this form, he/she must notify ERSRI in writing immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on this form, and once the member has cashed a pension check, the member's retirement is final and cannot be rescinded.

The undersigned acknowledges that he/she has read the foregoing Disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of the retirement system in an attempt to defraud the system may be subject to criminal prosecution, and with that understanding, I certify that all information on page 1 and page 2 of this form is true and correct.

Authorized Employer Signature <i>David G. Vallee</i>	Date (mm/dd/yyyy) 5-4-16
Title Controller	Business Tel. (401) 232-0900
Member Signature <i>Leonard R. Albanese Jr.</i>	Date (mm/dd/yyyy) 03-25-2016

This form must be completed in entirety and signed by both the Member and Employer.
Return both pages of completed form to the Employees' Retirement System of Rhode Island.