Form 243 (12/2011)

State of Hawaii
Employees' Retirement System
201 Merchant Street, Suite 1400
Honolulu, HI 96813

ONLINE INFORMATION CORRECTION FORM

Clear Form

How to Use This Form
This form is used to report any corrections to your online data. Return the completed form with a copy of your screen print, if available. After the ERS has researched your inquiry, we will notify you of any changes to your information.

Please complete the contact information below should we have any questions on your request.

Name (PRINT CLEARY)

First j; _____ MI _____ Last _____ Suffix _____ SSN: xxx-xx- _____

Daytime phone: _____ Cell or home phone: _____

Signature: _____ Date: _____

PLEASE COMPLETE THE SECTION THAT YOU WISH TO HAVE CORRECTED.

Name (Clearly PRINT your correct name)

First _____ MI _____ Last _____ Suffix _____

Month & Year of Birth (Fill in your correct birth date information) Month _____ (MM) Year _____ (YYYY)

Account Balance (Fill in the correct account balance and as of date. Provide any documentation available to clarify the amount.)

Account Balance: $ _____ as of Date: _____ (MM/DD/YYYY)

Total Creditable Years of Service (Fill in the information below to correct your creditable years of service information. Please provide any documentation available to verify your service.)

Total Creditable Years of Service: _____ Year(s) _____ Month(s) as of Date: _____ (MM/DD/YYYY)

Provide your work history to assist with the research which should include the following information for each employment period:

Period (s)		**Employer**			
From (MM/YYYY)	To (MM/YYYY)	State or County	Department	Position Title	Full Time, Part Time, or Temporary

Period(s) of Leave Without Pay		
From	To	Type of Leave

Claim for Service
(Check all that apply)

I submitted a claim for:

☐ Previous Service on _____

☐ Military Service on _____

Comments