

State of Hawaii
EMPLOYEES' RETIREMENT SYSTEM
 201 Merchant Street, Suite 1400
 Honolulu, Hawaii 96813

Claim for Service

In order to acquire State or County service, you must meet the following requirements:

1. You are a member of the ERS.
2. You performed service for the State or County government for more than 3 months and at least 50% full time equivalence (FTE).

Send completed Claim for Service form to the ERS at the address above.

Should you have any question regarding this form and/or procedures, please contact our Enrollment, Claims, and Benefit Branch at (808) 586-1735.

Section A - Member Information

Name (Last, First, Initial) _____		Social Security Number _____	
Other names used during employment _____		Email Address _____	
Address (Street) _____ (Apt #) _____		Work Phone Number _____	
City _____	State _____	Zip Code _____	Alternate Phone Number _____
<input type="checkbox"/> I plan to retire within the next 12 months: _____ <div style="text-align: center; margin-left: 150px;">Date, if known</div>			

Section B - List below all the service you wish to claim. You need not claim service already credited to you.

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

Section C - Signature

_____ Signature of Member	_____ Date (MM/DD/YYYY)
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