

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

MEMBER INFORMATION FORM

How to Use This Form

This form is used to report any **corrections and/or claims for service** to your Employees' Retirement System (ERS) data. Return the completed form to ERS at the above address. After ERS has researched your inquiry, we will notify you of any changes to your information.

Name (PRINT CLEARLY)
First _____ MI _____ Last _____ Suffix _____ SSN: XXX-XX-_____
Contact Phone: _____ Email Address: _____

NAME CHANGE (Clearly PRINT your correct name and provide a copy of your marriage certificate, divorce decree, or court order for legal name change.)

First _____ MI _____ Last _____ Suffix _____

BIRTHDATE CORRECTION (Fill in the correct birth date information. You must provide an original birth certificate.)

Month _____ Date _____ Year _____
(MM) (DD) (YYYY)

TOTAL YEARS OF SERVICE (Please provide the following from the Member Information module on ERS's website at ers.ehawaii.gov)

Membership Date: _____ Total Creditable Years of Service: _____ Year(s) _____ Month(s)

1) Service Credit Discrepancy: (Provide details. Attach supporting documentation.) _____

2) Check type of service to claim: _____ Professional Improvement _____ Refunded Contributory Service
_____ Noncontributory forfeited service _____ Worker's Compensation

Note: For claims for previous military service, please use Form 1551 Request to Acquire Previous Military Service Credit

List below the missing periods of ERS eligible employment and provide any supporting personnel documents for these periods.					
Period(s)		Employer			
From (MM/YYYY)	To (MM/YYYY)	State or County	Department	Position Title	Full Time, or Part Time

To submit any additional information, please attach a separate sheet. You may also contact ERS at (808) 586-1735 or toll free at (888) 659-0708 for further information.

Signature: _____ Date: _____