

**EMPLOYEES' RETIREMENT SYSTEM  
2020 KAUAI DISTRICT  
SCHEDULE OF RETIREMENT WORKSHOPS**

ERS website: <http://ers.ehawaii.gov>

The ERS has more retirement information on our website @ <http://ers.ehawaii.gov>

**PRE-RETIREMENT WORKSHOPS** for members planning or preparing to retire. Topics include credited membership service, retirement options features, summary of benefits and filing procedures.

| # | WORKSHOP               | DATE     | TIME                                   | LOCATION  |
|---|------------------------|----------|--|---|
| 1 | Noncontributory        | March 10 | Cancelled<br>11:30 a.m.-<br>12:30 p.m. | State Building<br>3060 Eiwa Street, Rm 303<br>3rd floor Conference Rm |
| 2 | Hybrid (Tier 1 & 2)    | March 12 |  |   |
| 3 | Contributory (General) | April 7  |  |   |
| 4 | Police/Fire            | April 14 |  |   |
| 5 | Noncontributory        | June 9   |  |   |
| 6 | Hybrid (Tier 1 & 2)    | June 17  |  |   |

**INFORMATIONAL WORKSHOP** for new or mid-career members wanting an overview of retirement facts. Topics include credited membership service, eligibility requirements, disability retirement and active death benefits.

| # | WORKSHOP                                    | DATE   | TIME                                   | LOCATION  |
|---|---|--------|--|---|
| 7 | Hybrid - Tier 2<br>(Hired after 06/30/2012) | June 4 | Cancelled<br>11:30 a.m.-<br>12:30 p.m. | State Building<br>3060 Eiwa Street, Rm 303<br>3rd floor Conference Rm |

To register: Complete form below and fax to (808) 241-3193, email to [dbf.ers.kauai@hawaii.gov](mailto:dbf.ers.kauai@hawaii.gov) or mail to Employees' Retirement System, 3060 Eiwa Street Rm 302, Lihue, HI 96766 no later than two (2) weeks before session date. Seating is limited to designated room capacity. There will be no confirmation sent for your registration (notified only if class is full)

In accordance with the American with Disabilities Act of 1990, members with special needs can request to make personal arrangements. Inquiries to: (808) 274-3010 or 274-3011.

**REGISTRATION INFORMATION  
PLEASE PRINT CLEARLY**

PRINT Name \_\_\_\_\_ Day Phone \_\_\_\_\_

SSN (last 4 digits) XXX-XX- \_\_\_\_\_ Position Title \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

Workshop Date/Time \_\_\_\_\_ Workshop # (1-7) \_\_\_\_\_