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

MEMBER INFORMATION FORM

How to Use This Form

				or service to your Emp	•			
information.	ii to End at the at	70 VC 4441 C33. 7 (iter End has	researched your miga	my, we will notif	iy you or arry criari	Bes to your	
Name (PRINT (CLEARLY)							
First		MI	LastSuffix			ffixSSN: X	SSN: XXX-XX	
Contact Phone:	:		_Email Address:					
NAME CHANGI	E (Clearly PRINT v	our correct nan	ne and prov	ide a copy of your ma	rriage certificate	e, divorce decree, o	or court order for	
legal name cha			•	, ,	J			
First			_MI	Last			Suffix	
BIRTHDATE CO	RRECTION (Fill in	the correct birt	th date info	rmation. You must pro	ovide an original	birth certificate.)		
Month	Date	Year						
(MM)	Date (DD)	(YYYY)					
TOTAL YEARS (OF SERVICE (Pleas	se provide the f	ollowing fro	m the <u>Member Inforn</u>	nation module o	on ERS's website at	ers.ehawaii.gov)	
Membership Date:				Total Creditable Ye	ears of Service:	Year(s)	Month(s)	
1) Service Cred	dit Discrepancy: (I	Provide details.	Attach supp	oorting documentation	า.)			
2) Check type	of service to clain	n:Profess	ional Impro	vement _	Refunded C	Contributory Servic	e	
Noncontr	ibutory Forfeited	Service	Worker's	Compensation				
	-	-		orm 1551 Request to A nt period, please conta	•	•	•	
List below the	missing periods of	of ERS eligible e	mployment	and provide any sup	porting personr	nel documents for	these periods.	
Period(s)			Em	ployer				
From (MM/YYYY)	To (MM/YYYY)	State or County		Department		Position Title	Full Time, or Part Time	
	additional inform I for further infor	•	tach a sepa	rate sheet. You may a	lso contact ERS a	at (808) 586-1735	or toll free at	
Signature:				Date:				