INELIGIBLE MEMBER REFUND REQUEST

Employees' Retirement System of Alabama
P. O. Box 302150 • Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Do not submit this refund request until you have ceased withholding retirement deductions from the employees' compensation and the final contribution has been remitted to the Employees' Retirement System of Alabama.

Employee's Name			
	First	Middle	Last
Social Security Number	<u> </u>	Register Number <u>E-</u>	
			quested because the above named ama for the reason stated below.
Reason for Ineligibility (must be	e specified):		
Total Retirement Deductions Made from Employee's Salary: (Amount to be determined by employer.)			\$
Total Matching Employer Contributions Remitted: (Amount to be calculated by ERS staff.)			\$
Total Refund Amount (Employee and Employer): (Amount to be calculated by ERS staff.)			\$
Date Last Deduction Withheld f	rom Employee's Salary:		
Name of Employing Agency: _			
Agency's Mailing Address: _			
_			
-			
Signature of Employing Official			Date
Title of Employing Official			_