

Joanne J

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street
 Providence, RI 02903 - 1854
 Office (401) 222-2203, TDD (401) 521-8980, Fax (401) 222-2430
 E-Mail: ersri@ersri.org Web Site: www.ersri.org

Employers' Certification of Retirement and Final Wages

DO NOT SUBMIT THIS FORM MORE THAN 3 MONTHS PRIOR TO MEMBER'S RETIREMENT

MEMBER INFORMATION

Name: STEVEN CATANZARO		SSN:
Address:		Date of Birth: 07/27/1956
City: NORTH PROVIDENCE	State: RI	ZIP: 02911
Telephone Number:		

EMPLOYMENT INFORMATION

Name of the Employer: TOWN of North Providence	Employment Start Date: 2/14/83	Employment End Date: 11/10/06
Position of the Member: Fire Chief	Position Start Date:	Position End Date:

TERMINATION INFORMATION

Date of Termination: 11/10/06	Last Pay Date: 11/17/06	Date of Last Wage & Contribution Report Submitted:
Type of Retirement:	Service Retirement <input checked="" type="checkbox"/>	Disability Retirement <input type="checkbox"/> Survivor Benefit (Death in Service) <input type="checkbox"/>
Retirement Sub Type:	Ordinary <input type="checkbox"/> Accidental <input type="checkbox"/>	Annual Salary Rate: 66,458.-

UNREPORTED WAGES CONTRIBUTIONS AND SERVICE CREDIT

Pay Period Start Date	Pay Period End Date	Wages	Contributions	Types of Wages	Service Credited for this period

SUPPLEMENTAL PENSION INFORMATION

Is your Municipality accepting the provisions of §16-7-19.1 (Optional Incentive Bonus)? Yes No

If yes, please give the number of years in your municipality and amount of bonus: # of years _____ \$ _____ per year



SALARY CERTIFICATION

This section to be completed for Teachers and Municipal Employees (including Police & Fire) Only.

REPORT 3 HIGHEST CONSECUTIVE YEARS OF SALARY OR LAST 3 YEARS SALARY, WHICHEVER IS GREATER. SALARY REPORTED MUST NOT INCLUDE OVERTIME, UNUSED SICK OR VACATION TIME, COMPENSATORY TIME, OR PAYMENTS MADE IN ANTICIPATION OF MEMBER'S RETIREMENT.

Year	Number of Pay Periods	Salary
2006	22 1/2	66602.30
2005	26	72654.85
2004	26	69667.70
2003	3 1/2	8212.40

DISCLAIMER AND SIGNATURES

DISCLAIMER

The member understands that the EMPLOYMENT INFORMATION, TERMINATION INFORMATION and UNREPORTED WAGES, CONTRIBUTIONS AND SERVICE CREDIT contained on the Employers' Certification of Retirement and Final Wages (ECRFW) have been provided solely by the employer. The member acknowledges that he/she has voluntarily made the determination to submit the Employer's Certification of Retirement and Final Wages to the Employees' Retirement System of Rhode Island. The member understands that the employer has determined the member's projected final wages and service credits through the date of member's termination using information contained within the employer's records and using information provided by the member. The member acknowledges that the submission of the ECRFW is the final statement of termination date and a request for payment of retirement benefits. Upon receipt of the ECRFW and all requisite paperwork necessary to process the member's pension, the member's pension will be processed for the first eligible estimated monthly benefit. The estimated monthly benefit is not binding on the Employees' Retirement System of Rhode Island and is subject to audit, adjustment and correction prior to the monthly benefit being finalized. The monthly benefit amount will be finalized after ERSRI has received and posted all contributions through the date of termination. If the member makes the determination to not terminate after submission of the ECRFW, the member must notify ERSRI immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on the ECRFW. Once the member has cashed a pension check, the member's retirement is final and can not be rescinded.

The undersigned acknowledges that he/she has read the foregoing Disclaimer and understands the contents thereof and is signing it freely and voluntarily.

SIGNATURES

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of the retirement system in an attempt to defraud the system may be subject to criminal prosecution, and with that understanding, I certify that all information on page 1 and page 2 of this form is true and correct.

Authorized Employer Signature <i>Antoinette BenDacqua</i>	Date (mm/dd/ccyy) 10/10/06
Title Payroll Manager	Business Tel. 232-0900x247
Member Signature <i>[Signature]</i>	Date (mm/dd/ccyy) 12-10-06

**This form must be completed in entirety and signed by both the Member and Employer.
Return both pages of completed form to:**

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
40 Fountain Street, 1st Floor
Providence, RI 02903 - 1854
Office (401) 222-2203, Fax (401) 222-2430



Revised

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Year	Number of Pay Periods	Salary
2006	22 1/2 23	74,749.03 ^m
2005	26 ^m	72,654.85 ^m
2004	26 27	73,304.90 ^m
2003	26 2	82,124.40 ^m

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DISCLAIMER

73396.48

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Authorized Employer Signature <i>Antonetta Paulacqua</i>	Date (mm/dd/yyyy) 10/10/06
Title Payroll Manager	Business Tel. 232-0900x247
Member Signature <i>[Signature]</i>	Date (mm/dd/yyyy) 10-10-06

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