EC&B 24
Rev. 11/2005

STATE OF HAWAII
EMPLOYEES' RETIREMENT SYSTEM
201 Merchant Street, Ste. 1400
Honolulu, Hawaii 96813

Claim For Service

Name _____ S.S. No. _____

Mailing Address _____ Telephone No: (Bus) _____

_____ (Home) _____

Name under which employed, if other than above _____

Current Employer: Position _____ Department _____

___ State or ___ County of _____

Current Monthly Salary $ _____

List below all service you wish to claim:

Period(s)		Employer			Full-time, Part-time or Temporary
From (MM / YYYY)	To (MM / YYYY)	State or County	Department	Position Title	

Clear Form

_____ _____
Signature of Claimant Date