



Mail Completed Forms to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



NYCERS USE ONLY

**F101**

## Application for Membership Tier 1 and Tier 2 Members

This application is for Tier 1 and Tier 2 members who wish to apply for NYCERS membership. Read the Instructions Page before completing this form. **NOTE: If the address you provide on this form is different from your address in NYCERS' system, the new address will become your official address in NYCERS' records.** Should you have any questions, please contact NYCERS' Call Center at 347-643-3000.

First Name	M.I.	Last Name	Gender
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<small>(Male/Female/Non-Binary/Other/Unknown)</small>

Social Security Number	Date of Birth [MM/DD/YYYY]	Home Phone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> ( <input style="width: 95%;" type="text"/> ) <input style="width: 95%;" type="text"/>

In Care of (if applicable)

Address	Apt. Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Date of appointment [MM/DD/YYYY]	Date of civil service appointment [MM/DD/YYYY]
<input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/>

Job title as it appears on payroll	Agency
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Classification** (check one)     Competitive     Exempt     Labor     Non-Competitive     Provisional

### Election of Retirement Benefits (See last page for explanation)

I hereby elect to contribute for the right to retire under the plan indicated below:

- Tier 1 Plan A/Tier 2 Plan C** - Career Pension Plan Member
- Tier 1 Plan B/Tier 2 Plan D** - Minimum retirement age of 55 with increased service fraction

### For Plan B Members Only

- If you wish to reduce your rate by 1%, check here.

### Select only ONE

- Waiving of Increased-Take-Home-Pay** (To increase the amount of your contributions).  
**Do not check if you wish your rate reduced.**  
I hereby elect to waive the reduction in rate of contributions for purposes of paying additional annuity.
- Social Security Payment** (Do not check if you desire to pay Social Security deduction in addition to contribution rate).  
I hereby elect to reduce my rate of contribution to the New York City Employees' Retirement System by the amount of my social security deduction.





Mail Completed Forms to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101

NYCERS USE ONLY

**F101**

## Application for Membership Tier 1 and Tier 2 Members

Last Name	Social Security Number

### Designation of Beneficiaries

A designated beneficiary is the person who is on file at NYCERS to receive a survivor benefit upon the death of a member in active service. If you wish to nominate more than one beneficiary for each benefit below, please submit Form #131– Designation of Beneficiaries for Tier 1 and 2 Members, available at [www.nycers.org](http://www.nycers.org), together with this application and designate a percentage for each beneficiary. Combined percentages (i.e., the total on both forms) should equal 100%.

I understand that should I nominate more than one beneficiary for each benefit, my death benefit will be paid in accordance with the percentages I have indicated on this form and Form #131. If no percentage is indicated, the death benefits will be shared equally. I understand that should I survive the beneficiaries, the benefit will then be payable to my estate.

The beneficiary whom I wish to nominate to receive my ordinary death benefit or presumed retirement benefit is:

First Name	M.I.	Last Name
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /	
Address		Apt. Number
City	State	Zip Code

If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing Form #137. Percentage  %

The beneficiary whom I wish to nominate to receive my accumulated deductions is:

First Name	M.I.	Last Name
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /	
Address		Apt. Number
City	State	Zip Code

If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing Form #137. Percentage  %

I am nominating my Estate as my beneficiary for my regular death benefit. I understand that in order for this selection to be valid I may not write in any other beneficiary's name on this form, and I have, in fact, left all other designation of beneficiary sections on this form blank.

Should your death be the result of an on-the-job accident, an accidental death benefit is payable upon application in this priority: spouse (who has not remarried), child under the age of 25, dependent parent, or any other qualified dependent under the age of 21. If no such beneficiary exists, then your benefit is payable to the names you list on this form.





Mail Completed Forms to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101

NYCERS USE ONLY

**F101**

## Application for Membership Tier 1 and Tier 2 Members

Last Name

Social Security Number

--	--

### Family Information

Mother's Maiden Name

### Record of Previous Service

If you are or were a member of this or any other retirement system in the City or State of New York, fill in the name of that system, period of membership and membership number, if known.

Name of System

Membership Number

--	--

From [MM/DD/YYYY]

To [MM/DD/YYYY]

/ /

/ /

**By signing and submitting this application: (1) I acknowledge and consent to membership in NYCERS, and to the suspension of all benefits I am receiving from any New York City or New York State public pension fund during the period while I am active at NYCERS unless I am entitled to continue to receive benefits under the law; (2) I acknowledge that I am not a member of another New York City public retirement system, and that I am not earning pension credit in two New York City retirement pension funds at the same time; and (3) I understand that I may not revoke or cancel my membership with NYCERS once this form is submitted unless I leave City service as a non-vested member.**

### Purchase of Previous Service

You may be eligible to purchase retirement credit for previous service rendered anywhere in New York State. Contact NYCERS for further information and forms.

### Military Service

If you are an honorably discharged veteran of the armed forces of the United States of America, fill in your dates of service. (You may be eligible to purchase this service)

From [MM/DD/YYYY]

To [MM/DD/YYYY]

/ /

/ /

If this form was reviewed by your agency have the representative sign here:

I hereby elect to participate in NYCERS membership and contribute for the right to retire under this plan.

Signature of Member

Date

--	--

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me the above named, \_\_\_\_\_ to me known, and known to me to be the individual described in and who executed the foregoing instrument, and they acknowledged to me that they executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds \_\_\_\_\_

Official Title \_\_\_\_\_ Expiration Date of Commission \_\_\_\_\_

If you have an official seal, AFFIX IT





Mail Completed Forms to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101

NYCERS USE ONLY

**F101**

## Application for Membership Tier 1 and Tier 2 Members

- If you need assistance completing this form please contact NYCERS at 347-643-3000.
- Complete the form in ink or type. Please PRINT in all fields, except the Signature field.
- At the top of the form, print your Social Security #, date of birth, name, and complete address. At the top of each page of the form, print your Name and Social Security #.
- In each designation, Ordinary Death Benefit and Accumulated Deductions, state the full name of each beneficiary (first, middle initial, if any, and last name), relationship to you, Social Security #, date of birth and complete address, (number, street, city, state and zip code). Do not use the words “same as above” or use “ditto marks” in either designation.
- Designations under both benefits (Ordinary Death Benefit and Accumulated Deductions) must be completed. These are two separate benefits.
- Be sure to sign the form, in the space provided for Signature of Member, in the presence of a Notary Public or Commissioner of Deeds.
- Page 3 of this form must be acknowledged before a Notary Public or Commissioner of Deeds.
- Do not make erasures, use white-out, or cross-out any typed or printed information on the Designation of Beneficiary form, inasmuch as it renders the form invalid.
- You MAY name a trustee under any designated beneficiary.
- You must return all pages of this form even if you have intentionally left portions blank. You do not have to return the Instruction Page if you received or downloaded it as a stand alone page.

### Note:

#### Plan A or Plan C

A Career Pension Plan member is eligible to retire after 25 years of qualifying service and to receive a retirement allowance for such 25 years of service equal to 55% of earnable salary in the year prior to retirement, if the required amount has been contributed and on deposit at the time of your retirement. The retirement allowance will be payable not earlier than age 55 (age 50 for a member in a physically-taxing position). This election may be withdrawn at any time after one year from date of filing in which event member will be covered by Plan B. You may be entitled to additional retirement benefit amounts if you have more than 25 years of service.

#### Plan B or Plan D

A Fifty-Five-Year-Increased-Service-Fraction Plan member is eligible to retire at age 55, and will receive a pension equal to 1.2% of earnable salary in the year prior to retirement for each year of service prior to July 1, 1968 and 1.53% for each year of service after June 30, 1968, together with an annuity and a pension for increased-take-home pay. (A fifty-five-year member may reduce his contribution rate by 1% before any reduction for increased-take-home pay or social security)

