



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



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Election of Coverage Under the Transit Non-Contributory 20-Year Retirement Plan

This application is for Tier 1 and Tier 2 members who wish to participate in the Transit 20-Year Non-Contributory Retirement Program with payability at, or after, age 50. If you entered into a Transit Operating Position, on or after July 1, 1970, you must file this application within 30 days of appointment. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions regarding this program or application, please contact our Call Center at 347-643-3000.

Member Number	Last 4 Digits of SSN	Home Phone Number ()	Work Phone Number ()
First Name		M.I.	Last Name
Address		Apt. Number	
City		State	Zip Code
Title			Pass #

I, the undersigned, hereby elect to participate in the Transit 20-Year Non-Contributory Retirement Program.

Signature of Member	Date
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This form must be acknowledged before a Notary Public or Commissioner of Deeds

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 he or she acknowledged to me that he or she 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

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