



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



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Agency-to-Agency Transfer Notification

This form is to be completed by any agency to notify NYCERS when a new employee who is **ALREADY** a NYCERS member has transferred from: (1) Any New York City agency; (2) New York City Transit or MTA Bridges and Tunnels; (3) any facility of the New York City Health and Hospitals Corporation; or (4) any campus of the City University of New York. This will ensure that the appropriate pension payroll deductions continue to be deducted from your employee's paycheck. Thank you for helping us keep our member records accurate by submitting this information to NYCERS.

THIS FORM MUST BE COMPLETED BY THE AGENCY ONLY

EMPLOYEE INFORMATION

NYCERS Member Number	Last 4 Digits of SSN	Employee ID	Current Salary
First Name	M.I.	Last Name	
Address			Apt. Number
City	State	Zip Code	

AGENCY INFORMATION

CURRENT Agency	Agency Bank Number	
Title	Title Code	Date of Appointment [MM/DD/YYYY]
		/ /
Personnel/Benefits Representative	Phone Number	E-mail Address
	()	
Employee's FORMER Agency		
Signature of Personnel/Benefits Representative	Date	