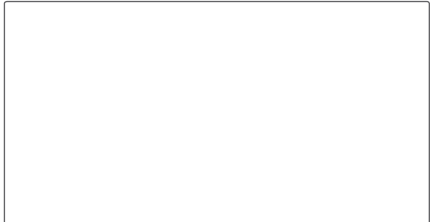




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Application for Disability Retirement Members of Tier 4, and Tier 4 with Tier 3 Rights

This application is for Tier 4 Members and Tier 4 Members with Tier 3 rights who wish to apply for a Disability Retirement. Please be sure you read and understand the requirements for filing for a Disability Retirement located on the Instructions and Terms pages. In order for the New York City Employees' Retirement System (NYCERS) to process this application, this form must be completed in its entirety. **NOTE: If the address you provide on this form is different from your address on file with NYCERS, the new address will become your official address in NYCERS' records.** If you have any questions, contact NYCERS' Call Center at 347-643-3000.

In addition to this form, you must also submit to NYCERS:

- Physician's Report of Disability (Form #606)
- General Authorization for Release of Medical Information (Form #608)
- NYCERS Questionnaire (Form #609)

Save time by applying online.
Log in/register at www.nycers.org

Select a Benefit:

Be sure to read the requirements on the Instructions and Terms pages to determine the law you are eligible under. All applications will be processed according to the benefit(s) selected below.

I am applying for (Select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Accident Disability Retirement (RSSL §605) | <input type="checkbox"/> EMT Heart Law (GML §207-q) |
| <input type="checkbox"/> Ordinary Disability Retirement with 10 or more years of credited service (RSSL §605) | <input type="checkbox"/> EMT ¾ Performance-of-Duty Disability (RSSL §607-b) |
| <input type="checkbox"/> Uniformed Sanitation ¾ Accident Disability (RSSL §605-b) | <input type="checkbox"/> Tier 4 with Tier 3 Rights, Social Security Dependent Ordinary Disability (RSSL §506) |
| <input type="checkbox"/> Uniformed Sanitation Heart Law (GML §207-r) | <input type="checkbox"/> Tier 4 with Tier 3 Rights, Social Security Dependent Accident Disability (RSSL §507) |
| <input type="checkbox"/> Deputy Sheriffs ¾ Accident Disability (RSSL §605-c) | <input type="checkbox"/> World Trade Center (WTC) Disability Retirement |

RSSL = Retirement and Social Security Law GML = General Municipal Law EMT = Emergency Medical Technician

Member Information:

Member Number	Last 4 Digits of SSN	Phone Number	Date of Birth [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"/>
First Name	M.I.	Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
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"/>
Email Address			
<input style="width: 95%;" type="text"/>			
Agency		Title	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

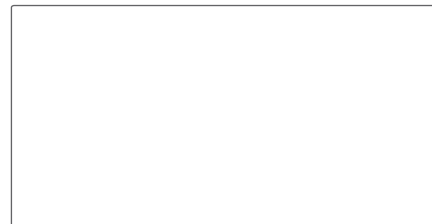
List your Disabling Conditions:

The conditions listed on this form are the **only** conditions the Medical Board will consider under this application.





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Member Number	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>

Select a Temporary Option

This application allows you to select a temporary option, which determines what will happen to your benefit if you should die before the date of your first full payment (the "Interim Period"). If you select either the 100% Joint-and-Survivor or the Ten-Year Certain Option, you must name a beneficiary. If you die before selecting an option, or if you fail to name a beneficiary, **NO DEATH BENEFIT WILL BE PAYABLE FROM NYCERS.**

Please read the descriptions for each option before choosing only one temporary option. **Note: Only Tier 4 members with Tier 3 Rights may nominate their Estate as primary OR contingent beneficiary for the Ten-Year Certain Option. Tier 4 members may only nominate their Estate as a contingent beneficiary for the Ten-Year Option.**

- **If you choose the Maximum Retirement Allowance**, do not name a beneficiary.
- **If you choose the 100% Joint-and-Survivor Option**, you may designate only one beneficiary. Under this option, NYCERS requires proof of birthdate for your beneficiary, as well as additional valid documentation, such as a marriage certificate(s), for all names that your beneficiary has been known by that are different from the name on the birthdate evidence you submit.
- **If you choose the Ten-Year Certain Option**, you may designate one primary and two contingent beneficiaries on this form. If space is needed for additional contingent beneficiaries, contact NYCERS' Call Center at 347-643-3000. Under this option, birthdate evidence for your beneficiary/beneficiaries is not required.
- **If you wish to select an option other than those provided on this form**, contact NYCERS' Call Center at (347) 643-3000.

Choose Only ONE Option:

Please provide information about your beneficiary/beneficiaries following the option you have elected (unless you elect the Maximum Retirement Allowance). Print neatly and in ink. Use your beneficiary's given name (Mary Smith, not Mrs. John Smith). **DO NOT** erase, use white-out, or cross out any typed or printed information on this form, as it renders the form invalid.

- Maximum Retirement Allowance** – I elect to receive the maximum lifetime retirement allowance payable to me. I understand that all payments cease upon my death, and that under this option I cannot elect a beneficiary.
- **OR** –
- 100% Joint-and-Survivor** – This temporary option provides your designated beneficiary with a lifetime benefit if you die during the Interim Period. The benefit is calculated as if you had elected the 100% Joint-and-Survivor Option as your final option. Among the factors considered in the calculation are the life expectancies of both you and your designated beneficiary. Under this option, you receive a pension lower than the Maximum Retirement Allowance because the same amount is to be paid over two lifetimes. In this case, the benefit payable to your beneficiary for their lifetime would be 100% of the reduced pension you would have received during your lifetime. **You may not nominate your Estate for this option.**

The beneficiary whom I wish to nominate to receive the 100% Joint-and-Survivor benefit is:

Joint & Survivor Beneficiary

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Apt. Number	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.**

Or Non Joint-and-Survivor Option, Next page...





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Member Number	Last 4 Digits of SSN

- OR - NON JOINT-AND-SURVIVOR OPTION

Ten-Year Certain – Under this option, you receive a pension lower than the Maximum Retirement Allowance. If you die within ten years of your retirement, this same reduced monthly retirement benefit will be paid to your surviving primary beneficiary for the remainder of the ten-year period. If the designated primary beneficiary predeceases you, the balance of the payment continues to your contingent beneficiary. If none exists, it is paid in a lump-sum to your Estate. Should a primary beneficiary die after receiving payments, the balance will be paid in a lump sum to your contingent beneficiary. If none exists, the lump sum balance is paid to the estate of the primary beneficiary. You may nominate both a primary and contingent beneficiary/beneficiaries under this option.

Section A - Designation of Estate for Ten-Year Certain as Primary Beneficiary. (Tier 4 members with Tier 3 Rights ONLY. Check the box and leave Section B blank.)

I am nominating my Estate as my sole beneficiary. I understand that by checking this box, the benefit payable under the Ten-Year Certain Option will be payable to my Estate in a lump sum. 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.

Section B - Designation of individuals as beneficiary/beneficiaries to receive the Ten-Year Certain benefit.

The beneficiary/beneficiaries whom I wish to nominate to receive the Ten-Year Certain benefit is/are:

Ten-Year Certain Primary Beneficiary	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**.

Note: If naming multiple contingent beneficiaries, indicate the share of the benefit you would like each to receive. The combined percentage for all contingents named must equal 100%. **You may name your Estate as a contingent beneficiary.**

Ten-Year Certain Contingent Beneficiary	First Name/Estate 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**.

Share of Benefit
<input style="width: 50px; height: 20px;" type="text"/> %

Space for an additional contingent beneficiary on next page.





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Member Number Last 4 Digits of SSN

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Additional Contingent Beneficiary for Ten-Year Certain Option:

Ten-Year Certain Contingent Beneficiary	First Name/Estate Name	M.I.	Last Name	
	Full Social Security Number	Date of Birth [MM/DD/YYYY]		
	Address		Apt. Number	
	City	State	Zip Code	
	<input type="checkbox"/> 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 .			Share of Benefit
				%

NOTE: If space is needed for additional contingent beneficiaries, contact NYCERS' Call Center at 347-643-3000.

Federal Tax Withholding – For complete instructions, refer to www.irs.gov/forms-pubs/about-form-w-4-p. If you do not complete this election, your tax deduction will be defaulted to “Single” with all other fields set to 0 (zero). If you do not want to withhold Federal income tax from your pension, skip fields 1 - 8 and place a check in field 9 below.

1. <input type="checkbox"/> Single or Married, filing separately	<input type="checkbox"/> Married, filing jointly or Qualifying widow(er)	<input type="checkbox"/> Head of household
2. Taxable income from a job or multiple sources of periodic payments (include spouse's taxable income if filing jointly): \$ _____ (If you (or your spouse) have a job, do not complete Steps 3-7 on this form.)		
3. Number of qualifying children under age 17: _____	x \$2,000 =	\$ _____
4. Number of other dependents: _____	x \$500 =	\$ _____
5. Other credits: _____		\$ _____
Add lines 3 - 5. Total Credits = \$ _____		
(Fields 6-8 are OPTIONAL.)		
6. Other income: \$ _____	7. Other deductions: \$ _____	8. Extra withholding: \$ _____
9. <input type="checkbox"/> Do not withhold Federal income tax from my pension.		

Signature of Member	Date

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 they acknowledged to me that they executed the same, and that the statements contained therein are true.

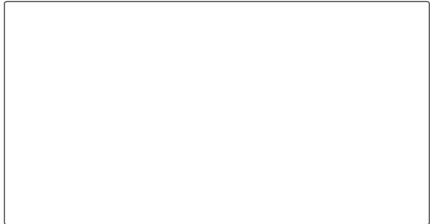
If you have an official seal, AFFIX IT

Signature of Notary Public or Commissioner of Deeds _____
Official Title _____ **Expiration Date of Commission** _____





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Instructions

To apply for a Disability Retirement, complete this application together with Physician's Report of Disability Form #606, General Authorization for Release of Medical Information Form #608, and NYCERS Questionnaire Form #609, and submit them to NYCERS.

If you are submitting these forms by mail, have this application acknowledged before a Notary Public or Commissioner of Deeds, and mail it to 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101. Forms #606, #608, and #609 do not require a notary, but if submitting by mail, send them to NYCERS' Medical Unit, 335 Adams Street, Suite 2300, Brooklyn NY 11201-3724.

Consultations with a disability retirement case manager are available by **appointment only**. To schedule an appointment, contact NYCERS' Call Center at 347-643-3000. To submit these forms in person to NYCERS, you may place fully completed and notarized forms in a secure Drop Box at the entrance of NYCERS' Walk-in Center, located at 340 Jay Street in downtown Brooklyn, Monday through Friday, 8 am to 5 pm.

If the Medical Board finds you disabled, and recommends retirement, the Medical Board report will be presented to the Board of Trustees. Thereafter, a letter will be sent setting forth the amounts payable under the various options available to you. You will then be required to select a final option. If you fail to select a final option in the period prescribed, you will be awarded the temporary option you selected when filing for Disability Retirement. If you choose not to select a temporary option, or your selection has been deemed invalid, you will be awarded the Maximum Retirement Allowance without optional modification.

If the Medical Board recommends denial of your application, and the Board of Trustees accepts the recommendation of the Medical Board, a notice of the denial will be sent to you with your rights and remedies as a result of the denial.

Terms

Filing Requirements for RSSL §605 and §605-b

You must file an application for a Disability Retirement benefit:

1. Within three months from the last date you were being paid on the payroll; **OR**
2. While you are on a leave of absence without pay for medical reasons, either voluntarily or involuntarily; **OR**
3. No later than 12 months after the date you receive notice that your employment has been terminated, provided that you were on an approved leave of absence without pay for medical reasons, which was in effect immediately prior to such termination.

The application must be filed by you, or by a person with legal authority to act on your behalf, or by the head of the agency where you are employed.

Disability Retirement (RSSL §605):

Ordinary: If you have 10 or more years of Credited Service and NYCERS' Medical Board determines that you are unable to perform the duties of your job title due to a physical or mental impairment, you are eligible to receive a Disability Retirement benefit.

Accident: Regardless of the amount of credited service you have, if the NYCERS Medical Board determines that you are disabled as a natural and proximate result of an accidental injury sustained in City service, not caused by your own willful negligence, you are eligible to receive an accidental Disability Retirement benefit under RSSL §605.

EMT ¾ Performance-of-Duty Disability (RSSL §607-b):

EMTs who become incapacitated for the performance of duties on or after March 17, 1996 as the natural and proximate result of an injury sustained while employed as an EMT are entitled to a Performance-of-Duty Disability benefit. You may also apply under this section if you are presumed to have contracted HIV (through the bodily fluids of a person under care), tuberculosis or hepatitis while in the performance of your duties. **You must file this application while you are actually employed in the eligible title.**

EMT Heart Law (GML §207-q):

The Heart Law provides a rebuttable presumption that a disease of the heart was incurred in the performance of duty. EMTs who are approved for disability under the Heart Law are entitled to a Performance-of-Duty Disability benefit. The presumption may be rebutted by competent medical evidence that your disability could not have been caused by the performance of your duties as an EMT. **You must file this application while you are actually employed in the eligible title.**

Uniformed Sanitation ¾ Accident Disability (RSSL §605-b):

A Uniformed Sanitation member is eligible to apply for Accident Disability if they become incapacitated for the performance of duty as a natural and proximate result of an accidental injury sustained in service while a Uniformed Sanitation member, not caused by their own willful negligence. **An application must be filed within two years after the occurrence of the accident.**





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Uniformed Sanitation Heart Law (GML §207-r):

The Heart Law provides a rebuttable presumption that a disease of the heart was incurred in the performance of duty. Uniformed Sanitation members who are approved for disability under the Heart Law are entitled to an Accident Disability benefit. The presumption may be rebutted by competent medical evidence that your disability could not have been caused by the performance of your duties as a Sanitation Worker.

Deputy Sheriffs $\frac{3}{4}$ Accident Disability (RSSL §605-c):

NYC Deputy Sheriffs who become physically or mentally incapacitated for the performance of duties as the natural and proximate result of an accident, not caused by their own willful negligence, are entitled to an Accident Disability benefit. **You must file this application while you are actually employed in the eligible title.**

NOTE: In addition to applying under the special disability provisions above, Uniformed Sanitation members, Deputy Sheriffs and EMTs may also apply for Disability Retirement under RSSL §605 if they have 10 or more years of Credited Service.

TIER 4 MEMBERS WITH TIER 3 RIGHTS (joined NYCERS between July 27, 1976 and August 31, 1983)

Requirements for Social Security Dependent Ordinary Disability Retirement Benefits under RSSL §506:

1. You must have at least five years of service credit.
2. You must file this application during a pay period for which you were entitled to a regular paycheck for your City service or no later than two (2) years after the commencement of an authorized leave of absence for medical reasons, which has continued to be in effect since you were last paid on the payroll.
3. You must be found eligible to receive primary Social Security Disability benefits.

NOTE: You will be required to submit proof to NYCERS within 60 days from the date of this application that you have applied for primary Social Security Disability benefits. NYCERS will hold your application open for a maximum of two years pending a Social Security Disability award (extended by any time necessary to complete any and all appeals.) If you receive a primary Social Security Disability award, you must notify NYCERS within the earlier of:

- a. Sixty days after the date of the award; **OR**
- b. The two-year period described above, or as extended by any appeals.

If you do not follow these procedures, you will not be eligible to receive disability benefits under RSSL §506.

Requirements for Social Security Dependent Accident Disability Retirement Benefits Under RSSL §507:

1. You must file this application during a pay period for which you are entitled to a regular paycheck for your City service.
2. You must be found eligible to receive primary Social Security Disability benefits, and the disability must be found to be the natural and proximate result of an accident sustained in active service.

3. If applying under RSSL §507 and you have not yet applied for primary Social Security Disability benefits, you will be required to submit proof to NYCERS, within 60 days of this application, that you have applied for such benefits. NYCERS will hold your application open for a maximum of two years pending a Social Security Disability award (extended by any time necessary to complete any and all appeals).
4. You must notify NYCERS within the shorter of:
 - a. Sixty days after the date of Social Security Administration award; **OR**
 - b. The two-year period described above, or as extended by any appeals.

If you do not follow these procedures, you will not be eligible to receive disability benefits under RSSL §507.

World Trade Center (WTC) Disability Retirement Law

The World Trade Center (WTC) Disability Law provides a rebuttable presumption of accidental disability for NYCERS members who participated in WTC Rescue, Recovery or Clean-Up Operations and become disabled from a Qualifying Condition or Impairment of Health. Benefits are paid according to the provisions that cover accidental disability for your tier and title. For complete details and eligibility requirements, please read WTC Disability Law Fact Sheet #703, available on NYCERS' website at www.nycers.org.

Workers' Compensation Payments Offset

Disability Retirement benefits under RSSL §506, §507, §605-c, §607-b, and GML §207-q are reduced by 100% of any Workers' Compensation payments received on account of the same injury for which the Disability Retirement benefits were approved.

NOTE: Uniformed Sanitation Force members do not receive Workers' Compensation and therefore are not subject to offsets.

Withdrawing an Application for Disability Retirement

You may withdraw your application for a Disability Retirement benefit by submitting [Withdrawal of Disability Retirement Application Form #619](#) to NYCERS' Medical Unit. This application can be withdrawn up to and until the Medical Board has finalized its findings on your application. You may not withdraw an application filed by your agency on your behalf.

Returning to Work

Disability retirees who are returning to public service within New York City or New York State may be subject to post-retirement earning limitations. For complete details, please see NYCERS' [Earnings Limitations for Disability Retirees Brochure #958](#).

