

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM
MAIL ONLY: 335 ADAMS STREET, SUITE 2300, BROOKLYN, NY 11201-3724
CUSTOMER SERVICE CENTER: 340 JAY STREET, MEZZANINE LEVEL, BROOKLYN, NY 11201-3724
 TEL: (347) 643-3000
 EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

Application for Membership Tier 1 and Tier 2 Members

CLOCK-IN-DATE

This is for Tier 1 and Tier 2 members who wish to apply for NYCERS membership. You are to also nominate a beneficiary for a death benefit payable if you die while in city service. As a prospective NYCERS member, it is important that you read and understand the different rules and regulations that apply to the various plans and programs. Should you have any questions, please contact our Call Center at 347-643-3000.

First Name _____ Middle Initial _____
 Last Name _____ Social Security # _____

Your date of birth / / (Copy of Birth Certificate must be attached) Sex (Fill in one circle) Male Female

In Care of (if applicable) _____

Address _____ Apt. Number _____

Home Phone # (____) _____

City _____ State _____ Zip Code _____

Your date of appointment / / Your date of Civil Service Appointment / /

Your job title as it appears on payroll _____

Classification (Fill in one circle) Competitive Exempt Labor Non-Competitive Provisional

Agency _____

Election of Retirement Benefits (See back 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.

Fill in 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.

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Last Name _____

Social Security # _____

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.

I understand that should I nominate more than one beneficiary, my death benefit will be paid in accordance with the percentages I have indicated on this form (combined percentages should total 100%). If no percentage is indicated, the death benefit will be shared equally. I understand that should I survive the beneficiary(ies), 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 _____ Middle Initial _____
 Last Name _____ Social Security # _____
 Relationship _____ Date of Birth _____
M M D D Y Y Y Y
 Address _____ Apt. Number _____
 City _____ Zip _____
 State _____ Code _____
 If this beneficiary is a minor, check here and complete the guardian information on **Form 137**

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

First Name _____ Middle Initial _____
 Last Name _____ Social Security # _____
 Relationship _____ Date of Birth _____
M M D D Y Y Y Y
 Address _____ Apt. Number _____
 City _____ Zip _____
 State _____ Code _____
 If this beneficiary is a minor, check here and complete the guardian information on **Form 137**

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, dependant 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.

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Last Name _____

Social Security # _____

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 / / To / /
M M D D Y Y Y Y M M D D Y Y Y Y

Purchase of Previous Service

You may be eligible to purchase retirement credit for previous service rendered anywhere in New York State. Contact NYCER 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 / / To / /
M M D D Y Y Y Y M M D D Y Y Y Y

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

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

Signature of Member _____ Date / /
M M D D Y Y Y Y

Below for Notary Public or Commissioner of Deeds use only

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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- ▶ If you need assistance completing this form please contact NYCERS at 347-643-3000
- ▶ Complete the form in ink or type. Except for signature, please print all items.
- ▶ At the top of the form, print your Membership #, 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)