

NYCERS

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

RETIREMENT AND BENEFITS

Election of Coverage Under the Transit Non-Contributory

20-Year Retirement Plan

CLOCK-IN-DATE

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. Should you have any questions regarding this program, or application, please contact our Call Center at 347-643-3000.

Membership Number Last 4 Digits of Social Security #

First Name Middle Initial

Last Name

Address Apt. Number

City State Zip Code

Home Phone Number () - Work Phone Number () -

Title

Pass #

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

Signature of Member _____ Date / / ---

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

State of Country 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.

If you have an official seal, affix it.

Signature of Notary Public or Commissioner of Deeds

Official Title

Expiration Date of Commission

HAVE YOU MOVED RECENTLY?

Old Address: _____ New Address: (check box if same as above)