

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 20-Year Retirement Program

Tier 2 or Tier 3 NYC Correction Members Below the Rank of Captain

CLOCK-IN-DATE

This is an election for Tier 2 or Tier 3 Correction members below the rank of Captain to participate in the 20-Year Retirement Program. In order to participate in this program, you must be a correction member below the rank of Captain at the time of filing. Please read the conditions below and complete the requested information. Should you have any questions regarding this program, 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 () -

I understand that in order for this election to be valid in pursuant to law:

1. I must have become a NYC Correction member below the rank of Captain on or after December 19, 1990
2. I must file this application within 180 days of becoming a NYC Correction member below the rank of Captain
3. I must be in active service at the time of filing

If you were an active member before December 19, 1990, you had the option of joining this program by filing this application by June 17, 1991; however, this option has since expired.

ONCE THIS APPLICATION IS RECEIVED BY NYCERS IT CANNOT BE REVOKED

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Membership Number

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I hereby elect to participate in the 20-year Retirement Program for Correction Members below the rank of Captain, and to contribute to NYCERS for the right to retire under this program.

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

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.

<p>Old Address: _____</p>	<p>HAVE YOU MOVED RECENTLY?</p> <p>New Address: (check box if same as on Page 1) <input type="checkbox"/></p> <p>_____</p>
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