

# 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 Sanitation Retirement Program

#### For Tier 2 and Tier 4 Members only

CLOCK-IN-DATE

This is an election for Tier 2 and Tier 4 Sanitation members who wish to participate in the 20-Year Sanitation Retirement Program. In order to participate in this retirement program, you must be in active service at the time of filing. Please read the conditions below and complete the requested information. Should you have additional 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   
Zip

City  State  Code

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

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

1. I must have been a Tier 2 or Tier 4 member prior to July 26, 1992
2. I must have later been employed in the uniformed-force of the New York City Department of Sanitation
3. I must file this election within 90 days of becoming an employee of the New York City Department of Sanitation
4. I must be in active service

If you were a Tier 2 or Tier 4 member employed by the NYC Department of Sanitation on July 26, 1992, you had the option of joining this program by filing this application within 90 days, however this option has since expired.

**ONCE THIS ELECTION IS RECEIVED BY NYCERS IT CANNOT BE REVOKED**

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RETIREMENT AND BENEFITS

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Membership Number                                        

Last 4 Digits of Social Security #                    

I, the undersigned, hereby elect to participate in the 20-Year Sanitation Retirement Program, and to contribute to NYCERS for the right to retire under this Program.

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 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.

HAVE YOU MOVED RECENTLY?

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

\_\_\_\_\_

\_\_\_\_\_