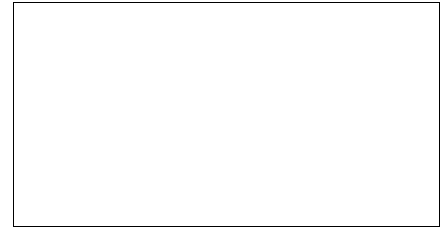




Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



**Opt Out Election Form - EMT Members Only
25-Year Retirement Plan-Tier 4 and 6**

This application is for Tier 4 and Tier 6 EMT Members who became an EMT at age 25 or older and wish to opt out of participation in the EMT 25-Year Retirement Plan. In order to opt out of this Plan, you must meet all the conditions, fill out and return this form within 180 days after becoming such an EMT Member*. Note that this election is **IRREVOCABLE**. Please be sure to read the conditions below and complete the requested information. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Member Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]	Home Phone Number	Work Phone Number
		/ /	()	()
First Name		M.I.	Last Name	
Address				Apt. Number
City			State	Zip Code
Title				

In order to opt out of participation in the 25-Year Retirement Plan for *EMT Members*, all of the following must be true:

I must:

- (a) Become an *EMT Member* after December 8, 2000, **AND**
- (b) Be 25 years of age or older upon employment as an *EMT Member*, **AND**
- (c) File this form with NYCERS within 180 days of becoming an *EMT Member*.

***EMT Member:** A member of NYCERS who is employed by the City of New York or the Health and Hospitals Corporation in a title whose duties are those of an Emergency Medical Technician or Advanced Emergency Medical Technician or in a title whose duties require the supervision of employees whose duties are those of an Emergency Medical Technician or Advanced Emergency Medical Technician.

I, the undersigned, meet the conditions of this Opt Out and hereby elect NOT TO PARTICIPATE in the 25-Year Retirement Plan for EMT Members. I understand that this election is IRREVOCABLE.

I also understand that by electing not to participate in this plan, I will be mandated into the Age 57 Retirement Plan mandated by Chapter 96 of the Laws of 1995 if I am a Tier 4 member, or into the Tier 6 Basic Plan mandated by Chapter 18 of the Laws of 2012 if I am a Tier 6 member.

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.

If you have an official seal, affix it

Signature of Notary Public or
Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

