



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



**25-Year Plan Election Form - Deputy Sheriffs  
Tier 2 and Tier 4**

**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.**

Member Number	Last 4 Digits of SSN	Home Phone Number ( )	Work Phone Number ( )
First Name	M.I.	Last Name	
In Care of (if applicable)			
Address			Apt. Number
City		State	Zip Code

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

**To New York City Employees' Retirement System (NYCERS):**

In accordance with Chapter 559 of the Laws of 2001, I the undersigned, hereby elect to participate in the 25-Year Retirement Program for Tier 2 or Tier 4 Deputy Sheriffs, and to contribute to NYCERS for the right to retire under this Program.

**I Understand That In Order For This Election To Be Valid Pursuant To Law:**

1. a. I must have already been a Deputy Sheriff member\* on December 12, 2001, and I must now file an application with NYCERS no later than June 10, 2002 (180 days after enactment of the law), **OR**  
 b. I must have become a Deputy Sheriff member after December 12, 2001 and file an application with NYCERS within 180 days of my becoming a Deputy Sheriff, **AND**
2. I must be a Deputy Sheriff on the date this application is filed with NYCERS.

\*Deputy Sheriff member is defined as: a member of the retirement system employed by the City of New York as a deputy city sheriff level one, deputy city sheriff level two, supervising deputy sheriff or administrative sheriff.

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 \_\_\_\_\_

**Sign this form and have it notarized**