



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



**Enhanced Disability Benefit Election –
22-Year Plan Uniformed Sanitation Force Members**

This application is for members of the Uniformed Sanitation Force 22-Year Plan (SA-22) who wish to elect the Enhanced Disability Benefit (EDB) program. The effective date of the EDB is September 1, 2016.

In order to elect the EDB you must meet the following requirements:

1. Be a participant in the SA-22 Plan between April 1, 2012 and August 31, 2016.
2. File this application while in active service, which includes military service, unpaid sick leave, or sick leave as long as the member is not working in another title.
3. File this application with NYCERS by **February 28, 2017 - EXTENDED DEADLINE.**

Please see the Terms on the next page for details on this program.

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

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

I understand that in order for this election to be valid, I must:

1. Have become a participant in the SA-22 Plan between April 1, 2012 and August 31, 2016.
2. File this application while in active service, which includes military service, unpaid sick leave, or sick leave as long as the member is not working in another title.
3. File this application by **February 28, 2017 - EXTENDED DEADLINE.**

I FURTHER UNDERSTAND THAT BY ELECTING THIS BENEFIT I AM MANDATED TO PAY ADDITIONAL MEMBER CONTRIBUTIONS.

I hereby elect to participate in the Enhanced Disability Benefit program for 22-Year Plan Uniformed Sanitation Force members and to contribute to NYCERS for the right to receive an Enhanced Disability Benefit under this program. I also understand that this election is IRREVOCABLE.

Signature of Member	Date
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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

Sign this form and have it notarized, THIS PAGE



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TERMS

In addition to Basic Member Contributions of 3% of gross wages, SA-22 Plan participants in the EDB program are required to pay Additional Member Contributions (AMCs) of 1.3% of gross wages from the plan effective date (September 1, 2016) until retirement. AMCs are **not Federal tax-deferred** for SA-22 Plan participants who elect the EDB. AMCs are not refundable or transferrable to another public retirement system within New York State.

ON JUNE 30, 2019, THE AMC RATE WILL BE REVIEWED TO DETERMINE IF THIS AMOUNT FULLY FUNDS THE BENEFIT. ANY CHANGES WILL BE PROSPECTIVE.

Ordinary Disability Benefit

You are eligible for an Ordinary Disability Benefit if you have **at least five years** of Credited Service and have been found to be disabled by the Social Security Administration. The benefit is equal to the greater of:

- 1/3 of Final Average Salary (FAS) **or**
- 2% times FAS times years of Credited Service, but not in excess of 22 years of such service

Accidental Disability Benefit

You are eligible for an Accidental Disability Benefit if you are awarded Primary Social Security Disability Benefits or are found to be disabled by the NYCERS Medical Board, and the Board of Trustees determines that the disability (as determined by the Social Security Administration or the NYCERS Medical Board) is the natural and proximate result of an accident not caused by your own willful negligence. The benefit is equal to 75% of Final Average Salary.

If you qualify for an Accidental Disability Benefit pursuant to the World Trade Center Law, your benefit will be equal to 75% of Final Average Salary and will not be reduced by any Social Security benefits received. **Please note:** To qualify for an Accidental Disability Benefit under the World Trade Center Law, you must have been a member of NYCERS or another public retirement system within New York State on or before September 11, 2001 and have filed a Notice of Participation with NYCERS by September 11, 2018.

In addition, all participants in the EDB are entitled to the Heart Law presumption. This law provides a presumption that certain diseases of the heart were incurred in the performance of duty. SA-22 Plan participants in the EDB who are approved for disability under the Heart Law are entitled to a disability benefit equal to 75% of Final Average Salary. This presumption may be rebutted by competent medical evidence.

Disability retirees who have been retired for at least 5 years are eligible for an annual Cost-of-Living Adjustment (COLA) pursuant to New York City Administrative Code §13-696, **not** the escalation pursuant to Retirement and Social Security Law §510.

The Enhanced Disability Benefit is **not** reduced by Social Security benefits received.

Sanitation Force members who become participants in the SA-22 Plan on or after September 1, 2016 will automatically be enrolled in the Enhanced Disability Benefit program.