



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



Election by a Retiree Reentering City Service to Rejoin NYCERS

This form is for retirees who are reentering City service and who wish to rejoin NYCERS. This form must be completed and returned to NYCERS within 90 days after your return to City service. If you do not wish to rejoin NYCERS, do not file this form. Alternatively, you can file an election under Retirement and Social Security Law (RSSL) §212 by completing Form #353. Filing Form #353 will allow you to earn up to \$30,000* in any calendar year before your pension is suspended. **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, please contact our Call Center at (347) 643-3000.

Pension 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

I have reentered City service as a Title in the Department of

effective [MM/DD/YYYY]
/ / at a salary of

\$ per annum.

I, the undersigned, understand that this form must be completed and returned to NYCERS within 90 days after my return to City service. I understand that I will forfeit my right to rejoin NYCERS if I do not file this form within the aforementioned timeframe.

I further understand that filing this form will trigger the suspension of my pension payments and once my membership has been established, it cannot be revoked during my post-retirement public employment.

**This is the current limitation. This earnings limitation may be increased by an act of the New York State Legislature. Please consult the Legislation section of our website to see if legislation has been enacted to increase the limitation.*

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, THIS PAGE