NYCERS USE ONLY **F354**

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

Affidavit of Workers' Compensation Payments

Laws governing accident/performance-of-duty disability and death benefits, and laws governing ordinary disability benefits received by certain Tier 3 and Tier 6 retirees, require that such benefits be offset by any Workers' Compensation payments. The purpose of this affidavit is to obtain information from you regarding Workers' Compensation payments you have received, and/or are currently receiving, so that NYCERS may determine whether to apply the offset to your disability or death benefit as required by law. **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.

SECTION I: Pensioner Information

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

SECTION II: Receipt of Workers' Compensation Payments

Please check one of the following:

☐ I have never collected Workers' Compensation.

☐ I am collecting, or have collected, Workers' Compensation. **If so, please complete Section III.**

SECTION III: Disclosure

Are you collecting Workers' Compensation payments for the same injury on which your NYCERS benefit is based?

☐ YES ☐ NO

If NO, please explain: _____

_____

Sign this form and have it notarized, Page 2

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Pension Number	Last 4 Digits of SSN

If YES, please complete the following:

I started collecting Workers' Compensation on: [MM/DD/YYYY] / /

I stopped collecting Workers' Compensation on (if applicable): [MM/DD/YYYY] / /

☐ My most recent Workers' Compensation award in the amount of $

is/was paid in the following manner: ☐ weekly ☐ bi-weekly ☐ lump-sum

Workers' Compensation case number

Please submit with this form the most recent Notice of Decision showing the Workers' Compensation award.

If you have NOT yet submitted copies of all Notices of Decision for all years you have collected Workers' Compensation, please include copies with this form.

It is important to note that if the Workers' Compensation payments change or discontinue in the future, you are obligated to notify NYCERS immediately to avoid overpayment or underpayment of your retirement allowance.

If NYCERS does not receive this information, as well as the appropriate documents, your retirement benefit could be suspended until the information is received.

SECTION IV: Signature And Notary

I, the undersigned, affirm that the information submitted here is a true and accurate account of the Workers' Compensation payments I received. Additionally, if my Workers' Compensation payments change in the future, I will notify NYCERS immediately to avoid overpayment or underpayment of my retirement allowance.

Pursuant to the Penal Code of the State of New York, offering a document containing false statements or false information constitutes a felony punishable by a maximum of 4 years imprisonment. All documents suspected of containing false statements will be referred to the New York City Department of Investigation for investigation.

Signature	Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 2 0____, 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