



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



**Application for Disability Retirement  
Tier 1 Members**

Please read the information on the Terms page before completing this application.

**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.**

I am applying for (Check one box only):  Accident Disability  Ordinary Disability  Both Accident and Ordinary  World Trade Center Disability

Member Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]
		/ /

Agency	Title

**PART A.** To be completed by Accident Disability Applicants only (if applying for Ordinary Disability only, proceed to Part B):  
I am physically incapacitated for the performance of City service as a natural and proximate result of an accidental injury received in such City service, while a member and while in the performance of duty and not as the result of willful negligence on my part. The accident that caused my disability occurred as follows: (PLEASE PRINT)

Date [MM/DD/YYYY]	Time
/ /	

Place

Conditions and Description

Result of Accident

Witnesses

**PART B:** To be completed by ALL applicants for disability retirement:  
In accordance with provisions of law governing the New York City Employees' Retirement System, I hereby make application for retirement from City service on account of physical or mental disability which incapacitates me for service. The nature of this disability is described in the Applicant's Report of Personal Disability. I am also submitting herewith a completed Physician's Report of Disability and an authorization for release of my hospital records directly to NYCERS' Medical Board.

When you calculate my disability retirement benefit, please use the following person

Name

Relationship [MM/DD/YYYY]

who is my  and whose date of birth is 

/ /

to estimate my joint and survivor options. (Note: This form is not a designation of beneficiary.)

**Sign this form and have it notarized, Page 2**



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Member Number	Last 4 Digits of SSN

**PART C: Mandatory for Ordinary Disability Applicants - Optional for Accident Disability Applicants:**

**Federal Tax Withholding**

Federal tax law provides that all payers are required to withhold Federal income tax on periodic payments (similar to wages), unless you elect to be excluded from such withholding. This election will remain in effect until revoked by you. If you do not complete this election, Federal income tax will be withheld at the rate of a married individual claiming three exemptions.

**Please indicate your withholding selection by marking the appropriate choice below:**

1.  Do not withhold Federal income tax from my pension. (Do not complete 2 or 3 if you select this option)
2.  Withhold based on  number of exemptions using the following status (You **may** also enter a dollar amount in choice 3):  
 (Check one only)     Single                       Married                       Married, but withhold at higher "Single" rate
3.  In addition to the amount withheld based on my exemptions and filing status in choice 2,  
 I would like to withhold \$  Per Month (Must specify dollar amount only)

**Note:** You cannot enter an amount here without entering a number of exemptions in choice 2 (even if that number is zero).

Signature of Member	Date

First Name	M.I.	Last Name	Home Phone #
			(    )

Address	Apt. Number

City	State	Zip Code

**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 \_\_\_\_\_

If you are submitting the application in person you will not have to have it notarized if you can show a job identification card (picture).

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**PLEASE NOTE**

A Tier 1 member of the New York City Employees' Retirement System (NYCERS), who is in City service, may apply for retirement:

**Under the Ordinary Disability Retirement provisions of the Administrative Code of the City of New York:**

- on account of disability received from any cause, provided that the member has ten or more years of City service, and was otherwise in City service in each of the ten years preceding retirement, except for Correction Officers for whom there is no service requirement. Members of the Uniformed Sanitation Force plans are required to have five or more years of Allowable Sanitation Service, or ten or more years of City service and having been a member otherwise in City service in each of the five years next preceding the date of retirement;

**Under the Accident Disability Retirement provisions of the Administrative Code of the City of New York:**

- if physically or mentally incapacitated for the performance of City service as a natural and proximate result of an accidental injury received in such City service, while a member and not as a result of willful negligence on the part of the member. Such application must be filed with NYCERS within two years from the happening of such accident. (Except for members of the uniformed force of the departments of Sanitation and Correction.)

To apply for a disability retirement, you should complete this application together with Applicant's Report of Personal Disability, have the application acknowledged before a Notary Public or Commissioner of Deeds, and file both forms in the office of the New York City Employees' Retirement System. Mail the forms to NYCERS at 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101, or bring them in person to 340 Jay Street, Mezzanine Level, in downtown Brooklyn. A Physician's Report of Disability should also be filed with NYCERS.

You will be advised as to the date set for an examination by, or under the direction of, NYCERS' Medical Board.

If the Medical Board finds you disabled, and recommends retirement, the report on the application will be presented to the Board of Trustees. Thereafter, a letter will be sent setting forth the amounts payable under the various options available to you. You will then be required to select an option. If you fail to select an option in the period prescribed, you will be awarded the Maximum retirement allowance without optional modification.

If the Medical Board recommends denial of your application, and the Board of Trustees accepts the recommendation of the Medical Board, notice of the denial will be sent to you.

**World Trade Center (WTC) Disability Law**

The World Trade Center (WTC) Disability Law provides a presumption of accidental disability for NYCERS members who participated in WTC Rescue, Recovery or Clean-Up Operations and become disabled from a Qualifying Condition or Impairment of Health. Benefits are paid according to the provisions that cover accidental disability for your tier and title. For complete details and eligibility requirements, please read our WTC Disability Law Fact Sheet #703, available on our website at [www.nycers.org](http://www.nycers.org).

**Withdrawal of Application**

Provided that the NYCERS Medical Board has not yet finalized its finding, you may withdraw your application for disability retirement upon written request to the Retirement System and with approval of the Medical Board.

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