



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



**Consent of Disability Retiree to Report
Personal Service Income* Each Year**

Member Number	Last 4 Digits of SSN		
First Name	M.I.	Last Name	
Address			Apt. Number
City		State	Zip Code

The undersigned, being duly sworn, deposes and says:

- I, or my employing agency, made application to NYCERS for a disability retirement under the provisions of Retirement and Social Security Law (RSSL) §§507-a, or 605.
- I have been informed that NYCERS' Medical Board has found me to be disabled for the performance of my duties.
- I understand that under the laws and rules that govern NYCERS, my eligibility for a disability retirement allowance is conditioned upon the amount of *Personal Service Income* I may earn from employment in the public and/or private sector after my retirement. I further understand that I must report to NYCERS on an annual basis, on or before April 30, the amount of *Personal Service Income* earned, if any, for the preceding calendar year (beginning with the year following my retirement year). I report this information by submitting an Affidavit of Personal Service Income (Form #351) and if I fail to timely submit Form #351, my retirement allowance will be suspended until I submit such form.
- I understand that should my *Personal Service Income* in any calendar year exceed the earnings limitation for that calendar year, my retirement allowance shall be suspended for a 12-month period. The earnings limitation for 2015 is \$29,200.00.
- I do hereby consent to report to NYCERS, in a format acceptable to the Executive Director, on or before April 30 of each year, my Personal Service Income for the preceding calendar year.

**Personal Service Income:* means wages, salaries, tips, professional fees or other amounts received as compensation for personal services actually rendered subsequent to the effective date of your disability retirement.

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.

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