

# NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

**MAIL ONLY:**

335 ADAMS STREET,  
SUITE 2300  
BROOKLYN, NY 11201-3724

**CUSTOMER SERVICE CENTER:**

340 JAY STREET,  
MEZZANINE LEVEL  
BROOKLYN, NY 11201-3724  
TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

## Election of Optional EMT 25-Year Retirement Program

### Tier 1, Tier 2 or Tier 4 Members

This is an election for Tier 1 and Tier 4 members to participate in the 25-Year Retirement Program for EMT members\*, and for Tier 2 members to participate in the Optional 25-Year Improved Retirement Program. In order to participate in this program, you must be an EMT member at the time of filing this application. Please read the conditions below and complete the requested information. Should you have any questions regarding this program, please contact our Call Center at 347-643-3000.

Membership Number  Last 4 Digits of Social Security #

First Name  Middle Initial

Last Name

Address  Apt. Number   
Zip

City  State  Code

Home Phone Number (  )  -  Work Phone Number (  )  -

**I understand that in order for this election to be valid in pursuant to law:**

1. I must have become an EMT member after December 8, 2000
2. I must file this election form within 180 days of becoming an EMT Member

If you were an active EMT member on December 8, 2000, you had the option of joining this program by filing this application by June 6, 2001; however, this option has since expired.

**\*EMT Member:** A member of NYCERS while employed by the City of New York or the NYC Health & Hospitals Corporation in a title whose duties are those of an Emergency Medical Technician (EMT), or Advanced EMT (AEMT) or in a titles whose duties require the supervision of employees whose duties are those of an EMT or AEMT

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

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Membership Number                                        

Last 4 Digits of Social Security #                    

I hereby elect to participate in the Tier 1 and Tier 4 Optional 25-Year Retirement Program, or the Tier 2 Optional 25-Year Improved Retirement Program, and to contribute to NYCERS for the right to retire under this program.

Signature of Member \_\_\_\_\_ Date           /           /                      
M M D D Y Y Y Y

**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.

HAVE YOU MOVED RECENTLY?	
Old Address: _____ _____	New Address: (check box if same as on Page 1) <input type="checkbox"/> _____ _____