



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



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**Election of 20-Year Retirement Program  
Tier 3 NYC Correction Members of the Rank of Captain or Above**

This is an election form for Tier 3 Correction members of the rank of Captain or Above who were promoted to such position on or after October 19, 2004 and wish to participate in the Correction Captains 20-Year Retirement Program. Please read the conditions below and complete the requested information. **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 regarding this program please contact our Call Center at 347-643-3000.

Member 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
Title			

**I Understand That In Order For This Election To Be Valid:**

1. I must have become a NYC Correction member of the rank of Captain or Above on or after October 19, 2004, **AND**
2. I must file this application within 90 days of becoming a NYC Correction member of the rank of Captain or Above, **AND**
3. I must be in active service at the time of filing, **AND**
4. I am a Tier 3 member.

**I Further Understand That This Election Is Irrevocable.**

**To New York City Employees' Retirement System (NYCERS):**

I hereby elect to participate in the 20-Year Retirement Program (Tier 3) for New York City Correction members of the rank of Captain or Above, and I further elect to contribute to the retirement system for the right to retire under the program.

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 \_\_\_\_\_

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**Sign this form and have it notarized**