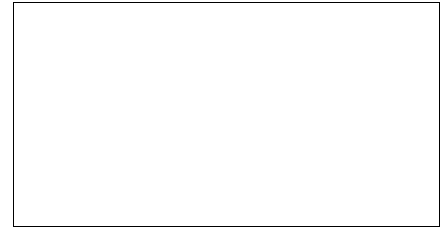




Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



**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. **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 |

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

1. have become an EMT member after December 8, 2000 , **AND**
2. 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 title 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

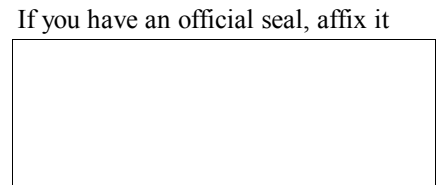
I hereby elect to participate in the Tier 1 or Tier 4 Optional 25-Year Retirement Program, or the Tier 2 Optional 25-Year Improved Retirement Program, and to contribute to NYCERS for the right to retire under this program.

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

| | |
|---------------------|------|
| Signature of Member | Date |
|---------------------|------|

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 _____



Sign this form and have it notarized