



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



**Opt Out Election Form - Dispatcher Members Only
25-Year Retirement Plan-Tier 4 and 6**

This application is for Tier 4 and Tier 6 Dispatcher Members who wish to opt out of the 25-Year Retirement Plan for Dispatcher Members. In order to opt out of this plan, you must meet all of the requirements outlined below, complete this form and return it to NYCERS within 180 days of becoming a Dispatcher Member. Note that this election is **IRREVOCABLE**. Please be sure to 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 application, please contact our Call Center at 347-643-3000.

A Dispatcher Member is defined as: A member of NYCERS who is employed by the City of New York as a Fire Alarm Dispatcher, a Supervising Fire Alarm Dispatcher, Level One and Level Two, Director of Dispatch Operations or Deputy Director of Dispatch Operations.

Member Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]	Home Phone Number	Work Phone Number
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First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

Title

In order to opt out of participation in the 25-Year Retirement Plan for Dispatcher Members, all of the following must be true:

I must:

- (a) Become a *Dispatcher Member* after December 8, 2000, **AND**
- (b) Be 30 years of age or older upon employment as a Dispatcher Member, **AND**
- (c) File this form electing **NOT TO PARTICIPATE** in the 25 Year Retirement Plan for Dispatcher Members with NYCERS within 180 days of becoming a Dispatcher Member.

I, the undersigned, meet the conditions of this Opt Out and hereby elect **NOT TO PARTICIPATE** in the 25-Year Retirement Plan for Dispatcher Members. I understand that this election is **IRREVOCABLE**.

I also understand that by electing not to participate in this plan, I will be mandated into the Age 57 Retirement Plan mandated by Chapter 96 of the Laws of 1995 if I am a Tier 4 member, or into the Tier 6 Basic Plan mandated by Chapter 18 of the Laws of 2012 if I am a Tier 6 member.

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 _____