



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



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## Opt Out Election Form - Special Officer Titles 25-Year Retirement Plan-Tier 4 and 6

This application is for Tier 4 and 6 members employed in *Special Officer*\* titles who wish to opt out of the 25-Year Retirement Plan for Special Officers. In order to opt out of the 25-Year Plan for Special Officers, you must meet all the requirements outlined below. Please be sure to read all 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, please contact our Call Center at 347-643-3000.

\*Members in a *Special Officer* title are defined as: employed by the City of New York as a *Special Officer*, Parking Control Specialist, School Safety Agent, Campus Peace Officer, Taxi & Limousine Inspector, Urban Park Ranger, or Associate Urban Park Ranger.

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			

### ONCE THIS APPLICATION IS RECEIVED BY NYCERS IT CANNOT BE REVOKED

The election **NOT TO PARTICIPATE** in the 25-Year Retirement Plan for *Special Officer Members* is pursuant to Chapter 582 of the Laws of 2001 or Chapter 640 of the Laws of 2003.

**I understand that in order for exemption from participation in this 25-Year Retirement Plan to be valid pursuant to said law:**

**I must:**

1. a. Become a *Special Officer* member (employed by the City of New York as a *Special Officer*, Parking Control Specialist, School Safety Agent, Campus Peace Officer or Taxi & Limousine Inspector) after December 19, 2001

**OR**

- b. Become a *Special Officer* member in the title of Urban Park Ranger or Associate Park Ranger after October 7, 2003

**AND**

2. Be over 30 years of age upon employment as a *Special Officer* member

**AND**

3. File this form electing **NOT TO PARTICIPATE** in the 25-Year Retirement Plan for *Special Officer* titles with NYCERS within 180 days of becoming a member in a *Special Officer* title.

**Sign this form and have it notarized, Page 2**

**WALK-IN CENTER** 340 Jay Street  
Brooklyn, NY 11201  
(347) 643-3000

**Skip a Trip to NYCERS!**  
Activate your secure MyNYCERS account at  
[www.nycers.org](http://www.nycers.org)

**MAIL ONLY -- NO DROP-OFF** 30-30 47th Avenue, 10th Floor  
Long Island City, NY 11101



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Member Number	Last 4 Digits of SSN

I, the undersigned, meet the conditions of this Opt Out and hereby elect NOT TO PARTICIPATE in the 25-Year Retirement Plan for Special Officer titles. 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 \_\_\_\_\_

**Sign this form and have it notarized, THIS PAGE**