**Opt Out Form - Police Communications Titles**

**25-Year Retirement Plan-Tier 4 and 6**

This application is for Tier 4 and Tier 6 members employed in Police Communications* titles who wish to opt out of the 25-Year Retirement Plan for 911 Communications Operators. In order to opt out of the 25-Year Plan for Police Communications titles, 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 Police Communications title are defined as: employed by the New York City Police Department as a Police Communications Technician, Supervising Police Communications Technician, or Principal Police Communications Technician.

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. Become a Police Communications member (employed by the New York City Police Department as a Police Communications Technician, Supervising Police Communications Technician, or Principal Police Communications Technician) after October 21, 2003,

   **AND**

2. Be over 30 years of age upon employment as a Police Communications member,

   **AND**

3. File this form electing **NOT TO PARTICIPATE** in the 25-Year Retirement Plan for Police Communications titles with NYCERS within 180 days of becoming a member in a Police Communications title.
Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

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 Police Communications 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 ___________ 2 0____, 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