



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



Election To Change The Present Method Of Payment Of Social Security Coverage

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.

Member Number	Last 4 Digits of SSN	Home Phone Number ()	Work Phone Number ()
Agency		Title	

This Election To Change My Present Method Of Paying For My Social Security Coverage Will Remain In Full Force And Effect Unless Revoked One Year Or More After Date Of Filing.

I hereby elect, in accordance with the provisions of §138-b of the Retirement and Social Security Law, to change my present method of payment of my Social Security coverage by electing to:

Indicate Choice By Checking One Box Only

- Reduce** the amount of my annuity contributions to the New York City Employees' Retirement System by amount required to pay for my Social Security coverage.
- Pay** contributions for my Social Security coverage **in addition** to my annuity contributions to New York City Employees' Retirement System.

Please Print

First Name	M.I.	Last Name
Address		Apt. Number
City	State	Zip Code

I understand that I must file this form with the New York City Employees' Retirement System and that this change must remain in effect for at least one year.

Signature of Member	Date
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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.

Signature of Notary Public or Commissioner of Deeds _____
 Official Title _____
 Expiration Date of Commission _____

Sign this form and have it notarized