



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



**Affidavit For Retroactive Election To Reduce Annuity Contributions  
By The Amount Required To Be Paid For Social Security Coverage**

Membership Number	Last 4 Digits of Social Security #

I \_\_\_\_\_ being duly sworn, depose and say:

It was my intention to reduce my annuity contributions by the amount required to pay for Social Security coverage from \_\_\_\_\_ to \_\_\_\_\_. I was, in fact, not paying pension deductions, and had I known that I was supposed to be contributing, I would have submitted the proper form required by NYCERS to be filed by members electing to reduce their annuity contributions by the amount required to be paid for Social Security coverage. (Refer to NYAC Sections 13-125 c.2 and c -2.(1) and (2))

Therefore, I would like to correct my account to reflect the condition of reducing my annuity contributions by the amount required to be paid for my Social Security coverage for the period shown above, and based on the above.

I am aware that reducing my pension contributions by the amount required to be paid for my Social Security payments merely relieves me of making the arrears payments due on my account and by doing so I am creating a deficit in my annuity account which will reduce my retirement allowance at the time of my retirement.

**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.**

Signature	Date

**Please Print**

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

Work Phone Number	Home Phone Number
(    )	(    )

**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 \_\_\_\_\_

If you have an official seal, affix it