



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



Request to Adjust Payment for the Purchase of Pre-Member Service

This form is for members who are purchasing pre-member service and wish to adjust the payment. **You must be on active payroll in order to adjust your buyback payment, and you may adjust the payment only once in any 12-month period. 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.** If you have any questions regarding this form, please contact our Call Center at (347) 643-3000.

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	

Please indicate below if you would like to change the **amount** to pay via payroll deductions, or the **number** of pay periods in which to pay. If you put in a dollar amount, NYCERS will apply it proportionately according to the contribution rates. Note that the dollar figure you provide should be the total for all contributions required (basic, additional, and physically taxing) and **must be a minimum of \$15 for each contribution.** (For example, if you are paying for three contributions, the dollar figure would be approximately \$45.) You may spread payments over a maximum of 15 years (390 payments if you are paid biweekly; 780 payments if paid weekly).

I would like to pay NYCERS \$ on a payroll deduction basis **OR** pay periods.

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.

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

If you have an official seal, affix it

Sign this form and have it notarized