



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



**Application to Purchase Service for Child Care Leave
Tier 1, Tier 2 and Tier 3 Correction Members**

This application is for Tier 1, Tier 2 and Tier 3 Correction members who wish to purchase service for time spent on child care leave. In order to purchase such time you must complete this form, sign it and return it to NYCERS. Upon receipt of this application NYCERS will verify any claim with the Department of Corrections. To be eligible to purchase previous service, you must currently be in active service. Please be sure you read and understand this form. **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.

MEMBER INFORMATION

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

In order to purchase credit for child care leave of absence as a Correction member the following must be true:

- (1) You must make claim for such credit:
 - by December 31, 2004 for Tier 1 and Tier 2 members (or) within 90 days of termination of the child care leave (whichever is later)
 - by December 31, 2005 for Tier 3 members (or) within 90 days of termination of the child care leave (whichever is later)
- (2) You must pay an amount equal to what your required contributions would have been during this child care leave (plus accrued interest)
- (3) The service credit shall not exceed a maximum of one year for each period of authorized child care leave

CHILD CARE LEAVE OF ABSENCE:

FROM [MM/DD/YYYY]	TO [MM/DD/YYYY]	AGENCY
/ /	/ /	NYC Department of Correction
/ /	/ /	NYC Department of Correction
/ /	/ /	NYC Department of Correction

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