



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



**Application to Purchase Service Credit for Layoff Time  
Carpenters and Supervisory Carpenters**

This application is for NYC Carpenters and Supervisory Carpenters who wish to purchase service for the time they were laid off for economic reasons on or after June 1, 1991 and returned to service prior to July 1, 1993. In order to purchase this layoff time, two distinct parts of this form must be filled out: (1) Member Information, which the member completes; and (2) Employer Information, which is to be completed by the member's employer at the time he/she was laid off. The entire form must be returned to NYCERS for processing. **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 regarding this application, 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 layoff time as a NYC Carpenter or Supervisory Carpenter, all of the following must be true:**

- (1) I must have been laid off by my employer while serving in the title of NYC Carpenter or Supervisory Carpenter on or after June 1, 1991 and returned to service prior to July 1, 1993 **AND**
- (2) The layoff must have been for economic reasons and did not exceed twenty-five (25) months in duration.

Eligible Carpenters and Supervisory Carpenters are required to contribute an amount equal to the ordinary member contributions that they would have paid during the layoff period as if they had actually been in service during such period.

**LAYOFF PERIOD:**

FROM [MM/DD/YYYY]	TO [MM/DD/YYYY]	AGENCY
/ /	/ /	
/ /	/ /	
/ /	/ /	

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



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Member Number	Last 4 Digits of SSN

**EMPLOYER INFORMATION**

By completing the following information, you are certifying that this member:

- a.) held an appropriate title (NYC Carpenter or Supervisory Carpenter)
- b.) was laid off for economic reasons on or after June 1, 1991 and returned to service prior to July 1, 1993.

The following is a full record of the earnable salaries and dates of layoff while employed in the title of NYC Carpenter or Supervisory Carpenter:

**Name of Member**

First Name	M.I.	Last Name

**DATES**

**EARNABLE SALARY HISTORY FOR EACH EFFECTIVE DATE**

From (start date) [MM/DD/YYYY]	To (end date) [MM/DD/YYYY]	
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$

Signature of Official	Title

Agency	Date	Phone Number
		(    )