



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



**Application to Purchase Service Credit for Layoff Time
School Construction Authority**

This application is for employees of the School Construction Authority (SCA) who wish to purchase service for the time they were laid off for economic reasons on or after December 1, 2002 and prior to January 8, 2008. Two parts of this application must be completed: (1) Member Information, which the member completes; and (2) Employer Information, which is to be completed by the SCA. 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

Under Chapter 157 of the Laws of 2010, in order to be eligible to purchase credit for layoff time as a SCA member, all of the following must be true:

- (1) You must have been laid off by the SCA for economic reasons on or after December 1, 2002 and returned to service prior to January 8, 2008; **AND**
- (2) You must be currently employed with the SCA; **OR**
- (3) You retired for service or disability prior to July 7, 2010 and filed an application to purchase service credit no later than November 4, 2010.

Eligible SCA employees are required to contribute:

- 1) An amount equal to the Basic Member Contributions that they would have paid during the layoff period as if they had actually been in service during such period, **plus**
- 2) An amount equal to the Additional Member Contributions attributable to a special plan of which they are a participant, if applicable, that they would have paid during the layoff period as if they had actually been in service during such period, **plus**
- 3) An amount equal to the additional costs to the employer of providing retirement service credit to an eligible member for the layoff period, as determined by the Office of the Actuary of the City of New York.

LAYOFF PERIOD:

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

Signature of Member/Retiree	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 _____



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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) is/was employed by the School Construction Authority; **and**
- b) was laid off for economic reasons on or after December 1, 2002 and returned to service prior to January 8, 2008.

The following is a full record of the earnable salaries and dates of layoff while employed with SCA:

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
School Construction Authority		()