



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



**Application to Purchase Service Credit for Layoff Time
New York City Transit Authority**

This application is for Tier 4 and Tier 6 members of the Transit 25/55 Plan who wish to purchase service for the time they were laid off due to the abolition of a position held by them with the New York City Transit Authority (NYCTA) and placed on a preferred eligible list during any period from May 11, 2010 through July 25, 2012. 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 NYCTA. The entire form must be returned to NYCERS for processing. Please note you are only entitled to purchase the time when your name appeared on the preferred eligible list. **NOTE: If the address you provide on this form is different from your address in NYCERS' system, the new address will become your official address in NYCERS' records.** Should you have any questions regarding this application, please contact NYCERS' 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 be eligible to purchase credit for layoff time under Chapter 445 of the Laws of 2017, all of the following must be true:

- (1) You must have been placed on a preferred eligible list during any period from May 11, 2010 through July 25, 2012 due to the abolition of your position with NYCTA; **AND**
- (2) You must be currently employed with NYCTA; **AND**
- (3) You must have been a NYCERS member at the time you were on the preferred eligible list.

Eligible members must pay the required member contributions for the claimed time period, plus interest. The purchased service will be credited as Allowable Service under the Transit 25/55 Plan.

LAYOFF PERIOD:

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

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.

If you have an official seal, affix it

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 employed by the New York City Transit Authority (NYCTA); **and**
- b) was laid off due to the abolition of his/her position with NYCTA and placed on a preferred eligible list during a period from May 11, 2010 through July 25, 2012.

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

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
New York City Transit Authority		()