



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



**Certificate of Employment
Under §212 of the Retirement and Social Security Law (RSSL)**

This form is to be completed by retirees, other than disability retirees, who have reentered public employment in the City of New York, or the State of New York or any of its political subdivisions, who wish to be covered by the provisions of RSSL §212. This form is not to be completed by retirees who wish to rejoin NYCERS (such retirees need to file Form #352). Once filed, this form applies to your entire period of post-retirement public employment. You may withdraw this form at any time. **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.**

Pension 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	

I am now employed by effective [MM/DD/YYYY] .

I, the undersigned, am a retiree. I have reentered public employment in the City of New York, or the State of New York or any of its political subdivisions, and I **do not** wish to return to membership in NYCERS. I do wish to continue to receive my retirement allowance without loss, suspension or diminution pursuant to §212 of the RSSL. I understand that my earnings from public employment may not exceed \$30,000*. I acknowledge that should my earnings in any calendar year exceed \$30,000, my retirement allowance will be suspended in accordance with the provisions of §212 of the RSSL.

I further understand that there will be no earnings limitation under the provisions of §212 of the RSSL during or after the calendar year in which I attain age 65, unless I am an elected official who is subject to the provisions of Civil Service Law §150. I acknowledge that if I have reentered public employment and am over age 65, I still have to file this form to be covered by the provisions of RSSL §212 even though the earnings limitations may not apply to me.

I will notify NYCERS as soon as my earnings have exceeded the earnings limitation. I will submit to NYCERS a copy of my W2 form by February 15 of each year to verify my earnings in the previous year.

**This is the earnings limitation specified in §212 of the RSSL. It may be increased by an act of the New York State Legislature. Please consult the Legislation section of our website to see if legislation has been enacted to increase the limitation.*

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