



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



NYCERS USE ONLY

F601

Application for Disability Retirement Tier 1 Members

Please read the information on the Instructions and Terms page before completing this application.

NOTE: If the address you provide on this form is different from your address on file with the New York City Employees' Retirement System (NYCERS), the new address will become your official address in NYCERS' records.

In addition to this application, you must also submit to NYCERS:

- Physician's Report of Disability (Form #606)
- General Authorization for Release of Medical Information (Form #608)
- NYCERS Questionnaire (Form #609)

I am applying for (mark all that apply):

- Ordinary Disability (NYC Admin. Code §13-167) World Trade Center (WTC) Disability Retirement (NYC Admin. Code §13-168)
- Accident Disability (NYC Admin. Code §13-168)

NYC Admin. Code = New York City Administrative Code

In accordance with the provisions of law governing NYCERS, I hereby make an application for retirement from City service on account of physical or mental disability that incapacitates me for service.

Member Information:

Member Number	Last 4 Digits of SSN	Phone Number	Date of Birth [mm/dd/yyyy]
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Name	M.I.	Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Address			Apt. Number
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
City		State	Zip Code
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email Address			
<input style="width: 95%;" type="text"/>			
Agency		Title	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

List your Disabling Conditions:

The conditions listed on this form are the **only** conditions the Medical Board will consider under this application.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Sign this form and have it notarized, PAGE 2





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Member Number	Last 4 Digits of SSN

When you calculate my Disability Retirement benefit, please use the following person to estimate my Joint-and-Survivor Options (Note: This form is not a designation of beneficiary.):

First Name	M.I.	Last Name
Date of Birth [mm/dd/yyyy]	Relationship	

Federal Tax Withholding

Federal tax law provides that all payers are required to withhold federal income tax on periodic payments (similar to wages), unless you elect to be excluded from such withholding. This election will remain in effect until revoked by you. If you do not complete this election, federal income tax will be withheld at the rate of a married individual claiming three exemptions.

Please indicate your withholding selection by marking the appropriate choice below:

1. Do not withhold federal income tax from my pension. (Do not complete 2 or 3 if you select this option.)
2. Withhold based on number of exemptions using the following status. (You may also enter a dollar amount in choice 3.)
(Check one only) Single Married Married, but withhold at higher "Single" rate
3. In addition to the amount withheld based on my exemptions and filing status in choice 2, I would like to withhold \$ per month. (Must specify dollar amount only.) Note: you cannot enter an amount here without entering a number of exemptions in choice 2 (even if that number is zero).

I, the undersigned, request to make application for Disability Retirement.

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

Sign this form and have it notarized, THIS PAGE



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Instructions

To apply for a Disability Retirement, complete this application together with Form #606 - Physician's Report of Disability, Form #608 - General Authorization for Release of Medical Information, and Form #609 - NYCERS Questionnaire, and submit them to NYCERS.

If you are submitting these forms by mail, have this application acknowledged before a Notary Public or Commissioner of Deeds, and mail it to 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101. Forms #606, #608, and #609 do not require a notary, but if submitting by mail, send them to NYCERS' Medical Unit, 335 Adams Street, Suite 2300, Brooklyn NY 11201-3724.

If you are submitting these forms in person to NYCERS' Walk-in Center, and can show a valid photo identification, Form #601 does not need to be notarized. The Walk-in Center is located at 340 Jay Street, Mezzanine Level, in downtown Brooklyn.

NYCERS' Medical Unit will inform you of your Medical Board examination date.

If the Medical Board finds you disabled, and recommends retirement, the Medical Board report will be presented to the Board of Trustees. Thereafter, a letter will be sent setting forth the amounts payable under the various options available to you. You will then be required to select a final option. If you fail to select a final option in the period prescribed, you will be awarded the Maximum Retirement allowance without optional modification.

If the Medical Board recommends denial of your application, and the Board of Trustees accepts the recommendation of the Medical Board, notice of the denial will be sent to you with your rights and remedies as a result of the denial.

Terms

A Tier 1 member of the New York City Employees' Retirement System (NYCERS), who is in City service, may apply for retirement;

Under the Ordinary Disability Retirement provisions of the Administrative Code of the City of New York (§13-167):

On account of disability received from any cause, provided that the member has ten or more years of City service, and was otherwise in City service in each of the ten years preceding retirement, except for Correction Officers for whom there is no service requirement. Members of the Uniformed Sanitation Force plans are required to have five or more years of Allowable Sanitation Service, or ten or more years of City service and having been a member otherwise in City service in each of the five years before the date of retirement;

Under the Accident Disability Retirement provisions of the Administrative Code of the City of New York (§13-168):

If physically or mentally incapacitated for the performance of City service as a natural and proximate result of an accidental injury received in such City service, while a member and not as a result of willful negligence on the part of the member. Such application must be filed with NYCERS within two years from the happening of such accident (except for members of the Uniformed Force of the Departments of Sanitation and Correction);

Under the World Trade Center (WTC) Disability Law of the Administrative Code of the City of New York (§13-168):

The World Trade Center (WTC) Disability Law provides a rebuttable presumption of accidental disability for NYCERS members who participated in WTC Rescue, Recovery or Clean-Up Operations and become disabled from a Qualifying Condition or Impairment of Health. Benefits are paid according to the provisions that cover accidental disability for your tier and title. For complete details and eligibility requirements, please read WTC Disability Law Fact Sheet #703, available on NYCERS' website at www.nycers.org.

Withdrawal of Application

You may withdraw your application for a Disability Retirement benefit by submitting Form #619 - Withdrawal of Disability Retirement Application to NYCERS' Medical Unit. This application can be withdrawn up to and until the Medical Board has finalized its findings on your application, and with approval of the Medical Board. You may not withdraw an application filed by your agency on your behalf.

Returning to Work

Disability retirees who are returning to public service within New York City or New York State may be subject to post-retirement earning limitations. For complete details, please see NYCERS' Brochure #958 - Earnings Limitations for Disability Retirees.

