



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

This application is for Tier 1 Members who wish to apply for a Disability Retirement. Please be sure you read and understand the requirements for filing for a Disability Retirement located on the Instructions and Terms page. In order for the New York City Employees' Retirement System (NYCERS) to process this application, this form must be completed in its entirety. **NOTE: If the address you provide on this form is different from your address on file with NYCERS, the new address will become your official address in NYCERS' records.** If you have any questions, contact NYCERS' Call Center at 347-643-3000.

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)

Select a Benefit:

Be sure to read the requirements on the Instructions and Terms page to determine the law you are eligible under. All applications will be processed according to the benefit(s) selected below.

I am applying for (Select 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

Member Information:

Member Number	Last 4 Digits of SSN	Phone Number	Date of Birth [MM/DD/YYYY]	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address			Apt. Number	
<input type="text"/>			<input type="text"/>	
City	State	Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email Address				
<input type="text"/>				
Agency	Title			
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>





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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 – For complete instructions, refer to www.irs.gov/forms-pubs/about-form-w-4-p. If you do not complete this election, your tax deduction will be defaulted to “Single” with all other fields set to 0 (zero).

If you do not want to withhold Federal income tax from your pension, skip fields 1 - 8 and place a check in field 9 below.

1. <input type="checkbox"/> Single or Married, filing separately	2. <input type="checkbox"/> Married, filing jointly or Qualifying widow(er)	3. <input type="checkbox"/> Head of household
2. Taxable income from a job or multiple sources of periodic payments (include spouse’s taxable income if filing jointly): \$ _____ (If you (or your spouse) have a job, do not complete Steps 3-7 on this form.)		
3. Number of qualifying children under age 17: _____	× \$2,000 =	\$ _____
4. Number of other dependents: _____	× \$500 =	\$ _____
5. Other credits: _____		\$ _____
Add lines 3 - 5. Total Credits =		\$ _____

(Fields 6-8 are OPTIONAL.)

6. Other income: \$ _____	7. Other deductions: \$ _____	8. Extra withholding: \$ _____
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9. Do not withhold Federal income tax from my pension.

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 they acknowledged to me that they 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** _____

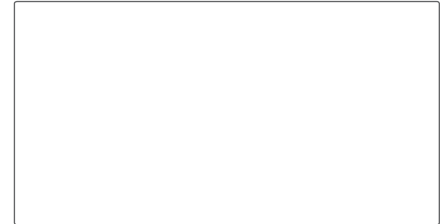




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Instructions

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 this application by mail, have it notarized by 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.

Consultations with a disability retirement case manager are available **by appointment only**. To schedule an appointment, contact NYCERS' Call Center at 347-643-3000. To submit these forms in person to NYCERS, you may place fully completed and notarized forms in a secure Drop Box at the entrance of NYCERS' Walk-in Center, located at 340 Jay Street in downtown Brooklyn, Monday through Friday, 8 am to 5 pm.

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](#).

