



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



**Application for Disability Retirement
Tier 2 Members**

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

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.

I am applying for (Check one box only): Accident Disability Ordinary Disability Both Accident and Ordinary World Trade Center Disability

Member Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]
		/ /

Agency	Title

PART A. To be completed by Accident Disability Applicants only (if applying for Ordinary Disability only, proceed to Part B):
I am physically 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 while in the performance of duty and not as the result of willful negligence on my part. The accident that caused my disability occurred as follows: (PLEASE PRINT)

Date [MM/DD/YYYY]	Time
/ /	

Place

Conditions and Description

Result of Accident

Witnesses

PART B: To be completed by ALL applicants for disability retirement:
In accordance with provisions of law governing the New York City Employees' Retirement System, I hereby make application for retirement from City service on account of physical or mental disability which incapacitates me for service. The nature of this disability is described in the *Applicant's Report of Personal Disability*. I am also submitting herewith a completed *Physician's Report of Disability* and an authorization for release of my hospital records directly to NYCERS' Medical Board.

Beneficiary Selection: This selection will afford you maximum protection by way of the Ten-Year-Certain Option (which includes Option One on annuity) from the date of your retirement to the date of your first full payment. If you do not list a primary beneficiary on the reverse, or do not file another option selection, and you die prior to selecting an option, NO death benefit will be payable from this system. You may choose one primary and one contingent beneficiary. The primary beneficiary will be used to supply you with figures under the various options.

If you wish to select coverage for your beneficiary during this interim period under an option other than the Ten-Year Certain Option, you may do so by filing a Retirement Option Election Form with NYCERS. We recommend that you come to our Customer Service Center to secure and file the necessary form. This retirement application acts as a selection of option which can be superseded at a later time. However, if you do not file a timely Option Selection at a later date, as directed by this office, you will be retired under the Ten-Year-Certain Option on this form, and any death benefit payable will be based on that selection.

Sign this form and have it notarized, Page 3



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Member Number	Last 4 Digits of SSN

The beneficiary whom I nominate to receive the Ten-Year Certain Option, (including Option One on annuity) after my death, is:

Primary Beneficiary	First Name	M.I.	Last Name
	Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /		
	Address	Apt. Number	
City	State	Zip Code	

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

In the event that your Primary Beneficiary dies before the end of the ten-year period.

Contingent Beneficiary	First Name	M.I.	Last Name
	Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /		
	Address	Apt. Number	
City	State	Zip Code	

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

PART C: Mandatory for Ordinary Disability Applicants - Optional for Accident Disability Applicants:

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).

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Member Number	Last 4 Digits of SSN

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

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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If you are submitting the application in person you will not have to have it notarized if you can show a job identification card (picture).

PLEASE NOTE

A Tier 2 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:

- 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 next preceding the date of retirement;

Under the Accident Disability Retirement provisions of the Administrative Code of the City of New York:

- 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.)

To apply for a disability retirement, you should complete this application together with Applicant's Report of Personal Disability, have the application acknowledged before a Notary Public or Commissioner of Deeds, and file both forms in the office of the New York City Employees' Retirement System at 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101 (by mail) or at 340 Jay Street, Mezzanine Level, in downtown Brooklyn (in person). A Physician's Report of Disability should also be filed in our office.

You will be advised as to the date set for an examination by, or under the direction of, NYCERS' Medical Board.

If the Medical Board finds you disabled, and recommends retirement, the report on the application 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 an option. If you fail to select an 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.

World Trade Center (WTC) Disability Law

The World Trade Center (WTC) Disability Law provides a 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 our WTC Disability Law Fact Sheet #703, available on our website at www.nycers.org.

Withdrawal of Application

Provided that the NYCERS Medical Board has not yet finalized its finding, you may withdraw your application for disability retirement upon written request to the Retirement System and with approval of the Medical Board.

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