



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



NYCERS USE ONLY

F602

Application for Disability Retirement Tier 2 Members

Please read the information on the Instructions and Terms pages 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)

Save time -- submit this form online.
Log in/register at www.nycers.org

I am applying for (check one box only):

- | | |
|--|---|
| <input type="checkbox"/> Ordinary Disability (NYC Admin. Code §13-167)

<input type="checkbox"/> Accident Disability (NYC Admin. Code §13-168) | <input type="checkbox"/> Both Accident and Ordinary Disability (NYC Admin. Code §13-167 and §13-168)

<input type="checkbox"/> World Trade Center (WTC) Disability Retirement (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 which incapacitates me for service.

Member Information:

Member Number	Last 4 Digits of SSN	Phone Number	Date of Birth [mm/dd/yyyy]
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First Name	M.I.	Last Name	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Address			Apt. Number
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
City		State	Zip Code
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email Address			
<input style="width: 100%;" type="text"/>			
Agency		Title	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

List your Disabling Conditions:

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

Sign this form and have it notarized, PAGE 4





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Member Number	Last 4 Digits of SSN

Select a Temporary Option

This application allows you to select a temporary option, which determines what will happen to your benefit if you should die before the date of your first full payment (the “Interim Period”). If you select either the 100% Joint-and-Survivor or the Ten-Year Certain Option, you must name a beneficiary. If you die before selecting an option, or if you fail to name a beneficiary, **NO DEATH BENEFIT WILL BE PAYABLE FROM NYCERS.**

Please read the descriptions for each option before choosing only one temporary option. **Note: You may not name your Estate for the Joint-and-Survivor Option.**

- **If you choose the Maximum Retirement Allowance**, do not name a beneficiary.
- **If you choose the 100% Joint-and-Survivor Option**, you may designate only one beneficiary. Under this option, NYCERS requires proof of birthdate for your beneficiary, as well as additional valid documentation, such as a marriage certificate(s), for all names that your beneficiary has been known by that are different from the name on the birthdate evidence you submit.
- **If you choose the Ten-Year Certain Option**, you may designate your Estate, **or** one primary and two contingent beneficiaries on this form. If space is needed for additional contingent beneficiaries, contact NYCERS’ Call Center at 347-643-3000. Under this option, birthdate evidence for your beneficiary(ies) is not required.
- **If you wish to select an option other than those provided on this form**, contact NYCERS’ Call Center at (347) 643-3000.

Choose Only ONE Option:

Please provide information about your beneficiary(ies) following the option you have elected (except Maximum). Print neatly and in ink. Use your beneficiary’s given name (Mary Smith, not Mrs. John Smith). **DO NOT** erase, use white-out, or cross out any typed or printed information on this form, as it renders the form invalid.

Maximum – I elect to receive the maximum lifetime retirement allowance payable to me. I understand that all payments cease upon my death, and that under this option I cannot elect a beneficiary.

– OR –

100% Joint-and-Survivor – This temporary option provides your designated beneficiary with a lifetime benefit if you die during the Interim Period. The benefit is calculated as if you had elected the 100% Joint-and-Survivor option as your permanent option. Among the factors considered in the calculation are the life expectancies of both you and your designated beneficiary. Under this option, you receive a reduced pension (a pension lower than the Maximum Retirement Allowance) because the same amount is to be paid over two lifetimes. In this case, the benefit payable to your beneficiary for his or her lifetime would be 100% of the reduced pension you would have received during your lifetime. **You may not nominate your Estate for this option.**

The beneficiary whom I wish to nominate to receive the 100% Joint-and-Survivor benefit is:

Joint & Survivor 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, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**. (See Instructions page for details.)

Or Non Joint-and-Survivor Option, Next page...





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Member Number	Last 4 Digits of SSN

- OR - NON JOINT-AND-SURVIVOR OPTION

Ten-Year Certain (including Option One on annuity) – Under this option, if you die within ten years of your retirement, the reduced monthly retirement benefit will be paid to your surviving primary beneficiary for the unexpired balance of the ten-year period. If the designated primary beneficiary predeceases you, the balance of the payment continues to your contingent beneficiary. If none exists, it is paid in a lump-sum to your Estate. Should a primary beneficiary die after receiving payments, the balance will be paid in a lump-sum to your contingent beneficiary. If none exists, the lump-sum balance is paid to the Estate of the primary beneficiary. You may nominate both a primary and contingent beneficiary(ies) under this option.

Section A - Designation of Estate for Ten-Year Certain as Primary Beneficiary. (Check the box and leave Section B blank.)

I am nominating my Estate as my sole beneficiary. I understand that by checking this box, the benefit payable under the Ten-Year Certain Option will be payable to my Estate in a lump sum. In order for this selection to be valid, I may not write in any other beneficiary's name on this form, and I have, in fact, left all other designation of beneficiary sections on this form blank.

Section B - Designation of individuals as beneficiary(ies) to receive the Ten-Year Certain benefit.

The beneficiary(ies) whom I wish to nominate to receive the Ten-Year Certain benefit is/are:

Ten-Year Certain 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, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**. (See Instructions page for details.)

Note: If naming multiple contingent beneficiaries, indicate the share of the benefit you would like each to receive. The combined percentage for all contingents named must equal 100%. **You may name your Estate as a contingent beneficiary.**

Ten-Year Certain Contingent Beneficiary	First Name/Estate 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, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**. (See Instructions page for details.)

Share of Benefit
<input style="width: 100%;" type="text"/>
%

Space for an additional contingent beneficiary on next page.





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Empty rectangular box for stamp or signature.

Member Number Last 4 Digits of SSN
[] []

Additional Contingent Beneficiary for Ten-Year Certain Option:

Ten-Year Certain Contingent Beneficiary
First Name/Estate 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, you have the option to name a guardian of the property of the minor by checking this box and completing Form #137. (See Instructions page for details.)

Share of Benefit %
[]

NOTE: If space is needed for additional contingent beneficiaries, contact NYCERS' Call Center at 347-643-3000.

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).

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

Empty rectangular box for official seal.

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 #602 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 temporary option you selected when filing for Disability Retirement. If you choose not to select a temporary option, or your selection has been deemed invalid, 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.

Form #137 - Designation of Guardian When Designating a Minor as Beneficiary

If your beneficiary is a minor (under the age of 18) at the time of your death, a guardian of the property of the minor is needed for NYCERS to pay out a benefit. You have the option to designate a guardian of property for your minor beneficiary by filing Form #137.

If you do not wish to designate a guardian, and the minor does not turn 18 prior to your death:

- The minor will either wait until their 18th birthday to receive any benefit; **OR**
- A guardian of the property will need to be appointed by the Surrogate Court before the minor will be permitted to receive any benefit.

See Terms on Next Page.





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Terms

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 (§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.

