Application for Disability Retirement Tier 2 Members

This application is for Tier 2 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 pages. 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 pages 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)
- Accident Disability (NYC Admin. Code §13-168)
- Both Accident and Ordinary Disability (NYC Admin. Code §13-167 and §13-168)
- World Trade Center (WTC) Disability Retirement (NYC Admin. Code §13-168)

NYC Admin. Code = New York City Administrative Code

Member Information:

<table>
<thead>
<tr>
<th>Member Number</th>
<th>Last 4 Digits of SSN</th>
<th>Phone Number</th>
<th>Date of Birth [MM/DD/YYYY]</th>
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First Name                M.I.                Last Name

Address                   Apt. Number

City                      State                   Zip Code

Email Address

Agency                   Title

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
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 Option 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/beneficiaries 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/beneficiaries following the option you have elected (unless you elect the Maximum Retirement Allowance). 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 Retirement Allowance – 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 final 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 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 their 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:

<table>
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<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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<tr>
<th>Full Social Security Number</th>
<th>Date of Birth [MM/DD/YYYY]</th>
<th>Relationship</th>
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<th>Address</th>
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<th>Zip Code</th>
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☐ If this beneficiary is a minor, you have the option to name a custodian of the property of the minor by checking this box and completing Form #137.

Sign this form and have it notarized, Page 4
Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

F602

340 Jay Street, Bklyn, NY
Mezzanine level

30-30 47th Avenue, 10th Fl.
Long Island City, NY 11101

Upload Documents at
www.mynycers.org
(347) 643-3000
M - F, 8am to 5pm

www.nycers.org
Forms, Brochures,
Fact Sheets at

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Member Number Last 4 Digits of SSN

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/beneficiaries to receive the Ten-Year Certain benefit.

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

<table>
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<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
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<th>Full Social Security Number</th>
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Address

City

State

Zip Code

If this beneficiary is a minor, you have the option to name a custodian of the property of the minor by checking this box and completing Form #137.

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.

<table>
<thead>
<tr>
<th>First Name/Estate Name</th>
<th>M.I.</th>
<th>Last Name</th>
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</table>

Address

City

State

Zip Code

Share of Benefit

Space for an additional contingent beneficiary on next page.

– OR – NON JOINT-AND-SURVIVOR OPTION

☐ Ten-Year Certain (including Option One on annuity) – Under this option, you receive a pension lower than the Maximum Retirement Allowance. If you die within ten years of your retirement, this same reduced monthly retirement benefit will be paid to your surviving primary beneficiary for the remainder 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/beneficiaries under this option.

☐ Ten-Year Certain (including Option One on annuity) – Under this option, you receive a pension lower than the Maximum Retirement Allowance. If you die within ten years of your retirement, this same reduced monthly retirement benefit will be paid to your surviving primary beneficiary for the remainder 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/beneficiaries under this option.

Sign this form and have it notarized, PAGE 4
Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

NYCERS USE ONLY

340 Jay Street, Bklyn, NY
Mezzanine level

30-30 47th Avenue, 10th Fl.
Long Island City, NY 11101

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M - F, 8am to 5pm

www.nycers.org
Forms, Brochures,
Fact Sheets at

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Additional Contingent Beneficiary for Ten-Year Certain Option:

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 custodian of the property of the minor by checking this box and completing Form #137.

Share of Benefit

%  

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

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. ☐ Single or Married, filing separately       ☐ Married, filing jointly or Qualifying widow(er)       ☐ 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: _____  x  $2,000 = $________
4. Number of other dependents: _____  x  $500 = $________
5. Other credits:  
   $________________

Add lines 3 - 5. Total Credits = $________

(Fields 6-8 are OPTIONAL.)
6. Other income:  
   $________________
7. Other deductions:  
   $________________
8. Extra withholding:  
   $________________

☐ Do not withhold Federal income tax from my pension.

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.

Signature of Notary Public or Commissioner of Deeds

Official Title

Expiration Date of Commission

If you have an official seal, AFFIX IT

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Sign this form and have it notarized, THIS PAGE
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 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, a notice of the denial will be sent to you with your rights and remedies as a result of the denial.

See Terms on Next Page.
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;

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);

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.