NYCERS USE ONLY **F603**

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

Application for Disability Retirement
Tier 3 Uniformed Correction Force Only

Member Number	Last 4 Digits of SSN	Home Phone Number	Date of Birth [MM/DD/YYYY]
		( )	/ /

Select a Benefit:
Be sure to read the requirements on the Terms pages to determine which you qualify under. All applicants will be processed as indicated. I am applying for (Mark all that apply):

☐ 507-a Disability Retirement ☐ 507-c Performance-of-Duty Disability Retirement

☐ 207-o Heart Bill ☐ 506 Ordinary Disability ☐ 507 Accidental Disability

☐ Disability Retirement under the World Trade Center Law (see WTC Fact Sheet for more information)

This application is for Tier 3 Correction members who wish to apply for Disability Retirement. In order for NYCERS to process this application, this form must be filled out in its entirety and notarized before submitting it for review. Please be sure you read and understand the requirements for filing for Disability Retirement found on the terms pages. In addition to this form you must also submit (to NYCERS Medical Board):

- Applicants Report of Personal Disability (form 605)
- Physician's Report of Disability (form 606)
- General Authorization (form 608)
- NYCERS Questionnaire (form 609)

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. Should you have any questions, please contact our Medical Unit at 347-643-3000.

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

Agency	Title

Select a Temporary Option:
This section 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. If you select either the Ten Year Certain or 100% Joint-And-Survivor option, you must select a beneficiary on the next page. If you should die before selecting an option, or if you fail to name a beneficiary, **NO DEATH BENEFIT WILL BE PAYABLE FROM NYCERS**. If you wish to select a different option, please contact NYCERS to get detailed information. Please choose only one of the following:

☐ **Ten Year Certain -** 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 a contingent beneficiary under this option.

☐ **100% Joint-and-Survivor**- This option assures you and your designated beneficiary a reduced benefit for lifetime. Should you die, your designated beneficiary will receive a percentage of your benefit. Because this option guarantees two specific people an income for life, the life expectancies of the retiree as well as the beneficiary are taken into consideration. Therefore, once you designate a beneficiary and the option is in force, you cannot change your beneficiary designation, even if he/she precedes you in death. You may only nominate a primary beneficiary under this option.

☐ T**he Maximum Retirement Allowance-** This option provides the greatest benefit payment to you while you are retired, for as long as you live. However, under the Maximum Retirement Allowance, no further payments will be made after your death.

Sign this form and have it notarized, Page 3

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Select a Beneficiary: This is split into two sections: Section A - Designation of Beneficiary, and Section B - Nomination of Your Estate. It is important that you only fill out one section, for if you fill out both, your selection will be voided.

Section A - Primary and Contingent Beneficiary

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**

If you have chosen the Ten-Year Certain Option, please also designate a contingent beneficiary below. Should my primary designated beneficiary die before the Ten Year period expires, the contingent beneficiary whom I nominate to receive benefits is:

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**

Section B - Estate: Please initial the box below if you wish to nominate an estate.

☐ I am nominating my Estate as my beneficiary. I understand that 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.

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

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 _____ 2 0____, 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 _____

Performance of Duty Disability Retirement §507-a: To apply for this benefit a member must have a minimum of ten or more years of credited service (of which 2 years must be membership service).

There is no minimum service requirement if you apply for disability retirement from a line of duty injury that occurred while you are a member and while you were in City service and as a natural and proximate result of an accidental injury, not caused by your own negligence.

Performance of Duty Disability Retirement §507-c: If you apply for a performance-of-duty disability there is no minimum service requirement. However, you must be disabled by, or as a natural and proximate cause of an act of an inmate. You may also apply under §507-c if you have contracted HIV (through the bodily fluids of an inmate), tuberculosis or hepatitis while in the performance of your duties.

Heart Bill §207-o: You may apply for a disability retirement benefit under the Heart Bill for heart disease which will be presumed to have been contracted in the course of your performance of duty.

You may apply for Disability retirement under all of the above provisions.

Eligibility requirements for Disability under §507-a and §507-c of Article 14 and under §207-o of the General Municipal Law
You must file this application while you are actually employed in City service **or**
within three months from the last day you were being paid on the payroll, **or**
no later than 12 months from the end of the payroll period for which you were entitled to regular pay, if you were on a leave of absence for medical reasons, including Workers' Compensation.

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Requirements for Ordinary Disability Retirement Benefits Under §506 of Article 14

1. You must have joined NYCERS on or after July 27, 1976.
2. You have at least five years of service credit. However, all continuous public service immediately prior to joining NYCERS will be counted towards this five-year requirement.
3. You must file this application during a pay period for which you were entitled to a regular paycheck for your City service.
4. You must be found eligible to receive primary Social Security disability benefits.

Note: If you apply for benefits under ARTICLE 14 you will be required to submit proof to NYCERS within 60 days of the date of this application that you have applied for primary Social Security disability benefits. NYCERS will hold your application open for a maximum of two years pending a Social Security disability award (extended by any time necessary to complete any and all appeals.) If you receive a primary Social Security disability award, you must notify NYCERS within the shorter of:

1. Sixty days after the date of the award, **OR**
2. the two-year period described above, as extended by any appeals.

If you do not follow these procedures, you will not be eligible to receive disability benefits under ARTICLE 14.

Requirements for Accidental Disability Retirement Benefits Under §507 of Article 14

1. You must have joined NYCERS on or after July 27, 1976.
2. You must have been disabled as a result of an accidental injury which was sustained in the performance of your duties while a member of NYCERS, and such accident must not have been as result of your own willful negligence.
3. You must file this application during a pay period for which you are entitled to a regular paycheck for your City service.
4. You must be found eligible to receive primary Social Security disability benefits.

Note: If you apply for benefits under ARTICLE 14, and have not applied for primary Social Security disability benefits, you will be required to submit proof to NYCERS, within 60 days of this application, that you have applied for such benefits. NYCERS will hold your application open for a maximum of two years pending a Social Security disability award (extended by any time necessary to complete any and all appeals). If you receive a primary Social Security disability award, you must notify NYCERS within the shorter of:

1. Sixty days after the date of award, **OR**
2. the two-year period described above, as extended by any appeals.

If you do not follow these procedures, you will not be eligible to receive disability benefits under ARTICLE 14.

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.

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.

SPECIAL NOTE: Withdrawing an application for Disability Retirement

Provided that NYCERS' Medical Board has not yet finalized its finding, you may withdraw your application for a Disability Retirement Benefit upon written request to NYCERS.