NYCERS USE ONLY **F611**

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

Affidavit Electing to Process Disability Retirement Tier 4 Members with Tier 3 Rights

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.

Member Number | Last 4 Digits of SSN

First Name | M.I. | Last Name

In care of (if Applicable)

Address | Apt. Number

City | State | Zip Code

I, the undersigned, filed an application for disability retirement with the New York City Employees' Retirement System on [MM/DD/YYYY] / / , in accordance with Article 15 of the RSSL.

Inasmuch as I have been notified by NYCERS that I am not eligible for a disability retirement benefit under Article 15 of the RSSL, I hereby request that my disability retirement application be processed under the provisions of Article 14 of the RSSL based on my Primary Social Security Disability Award.

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 _____

Sign this form and have it notarized, THIS PAGE