



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



Waiver Pursuant to the Provisions of Article 14 of the Retirement and Social Security Law (RSSL) as it Pertains to Disability Retirements

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	Date [MM/DD/YYYY]
	/ /

I, the undersigned, with respect to my application for disability retirement, filed with the New York City Employees' Retirement

System, in accordance with Article 14 of the Retirement and Social Security Law, on [MM/DD/YYYY] / / , hereby waive the benefits of any statutory presumption relating to the cause of disability or eligibility for disability benefits, and a determination of eligibility for benefits hereunder shall be made without regard to any such statutory provisions.

Signature of Member	Date

First Name	M.I.	Last Name

In care of (if Applicable)

Address	Apt. Number

City	State	Zip Code

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 _____

Sign this form and have it notarized, THIS PAGE