



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



**Consent of Disability Retiree to Report
Personal Service Income* Each Year**

| | | | |
|---------------|----------------------|-----------|-------------|
| Member Number | Last 4 Digits of SSN | | |
| | | | |
| First Name | M.I. | Last Name | |
| | | | |
| Address | | | Apt. Number |
| | | | |
| City | | State | Zip Code |
| | | | |

The undersigned, being duly sworn, deposes and says:

- I, or my employing agency, made application to NYCERS for a disability retirement under the provisions of Retirement and Social Security Law (RSSL) §§507-a, or 605.
- I have been informed that NYCERS' Medical Board has found me to be disabled for the performance of my duties.
- I understand that under the laws and rules that govern NYCERS, my eligibility for a disability retirement allowance is conditioned upon the amount of *Personal Service Income* I may earn from employment in the public and/or private sector after my retirement. I further understand that I must report to NYCERS on an annual basis, on or before April 30, the amount of *Personal Service Income* earned, if any, for the preceding calendar year (beginning with the year following my retirement year). I report this information by submitting an Affidavit of Personal Service Income (Form #351) and if I fail to timely submit Form #351, my retirement allowance will be suspended until I submit such form.
- I understand that should my *Personal Service Income* in any calendar year exceed the earnings limitation for that calendar year, my retirement allowance shall be suspended for a 12-month period. The earnings limitation for 2017 is \$30,500.00.
- I do hereby consent to report to NYCERS, in a format acceptable to the Executive Director, on or before April 30 of each year, my Personal Service Income for the preceding calendar year.
 **Personal Service Income*: means wages, salaries, tips, professional fees or other amounts received as compensation for personal services actually rendered subsequent to the effective date of your 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 _____ 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.

Signature of Notary Public or
Commissioner of Deeds _____
Official Title _____
Expiration Date of Commission _____

Sign this form and have it notarized, THIS PAGE