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## Disability Retiree Requirement to Report Personal Service Income\* Each Year

This form is for disability retirees to acknowledge the requirement to report their annual income to NYCERS while a disability retiree.

*\*Personal Service Income is any wages, salaries, tips, professional fees or other amounts received as compensation for personal services rendered following the effective date of your disability retirement.*

Member Number		Last 4 Digits of SSN	
<input type="text"/>		<input type="text"/>	
First Name	M.I.	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			Apt. Number
<input type="text"/>			<input type="text"/>
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

The undersigned, being duly sworn, deposes and says:

- I, or my employing agency, filed an application to NYCERS for me to receive a disability retirement.
- NYCERS' Medical Board found me to be disabled for the performance of my duties.
- As a condition to receiving my disability retirement allowance, I consent to disclose my Federal Tax returns and W-2 forms on an annual basis.
- 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 understand that I must report to NYCERS on an annual basis, 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). If I fail to return Form #351 to NYCERS within 60 days after receiving it, 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. Please see Brochure #958 for earnings limitations that apply to you.

Signature of Member	Date
<input type="text"/>	<input type="text"/>

**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.

**If you have an official seal, AFFIX IT**

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

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