



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



Withdrawal of Disability Retirement Application

If you previously filed for Disability Retirement and you now wish to withdraw that application, please complete this form in its entirety and return it to NYCERS. **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 Call Center at 347-643-3000.

Member Number	Last 4 Digits of SSN	Home Phone Number ()	Work Phone Number ()
First Name		M.I.	Last Name
Address		Apt. Number	
City		State	Zip Code

I, the undersigned, employed as a Title in the Department of Agency , filed an application for Disability Retirement on [MM/DD/YYYY] / / .

I hereby request to **withdraw** said application for Disability Retirement for the following reason(s):

Signature of Member	Date
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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 _____

If you have an official seal, affix it

Sign this form and have it notarized, THIS PAGE