NYCERS USE ONLY **F624**

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

Application for Disability Retirement
Tier 6 63/10 and Special Plan Members

This application is for Tier 6 63/10 and Special Plan members who are applying for Disability Retirement. Complete this form in its entirety, sign it, have it notarized, and send it to NYCERS at the mailing address above. If you wish to file this form in person, visit our Customer Service Center on the Mezzanine level of 340 Jay Street in downtown Brooklyn. If you have any questions regarding this form, please contact our Call Center at (347) 643-3000. **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.**

Withdrawal of Application: Provided that NYCERS' Medical Board has not yet finalized its findings, you may withdraw your application for disability retirement upon written request to NYCERS. You must also complete and submit Form #619 to NYCERS. **You may not withdraw an application filed by your agency on your behalf.**

Workers' Compensation Payments Offset: Disability retirement benefits under RSSL §605-c, §607-b, and GML §207-q are subject to an offset of 100% of any Workers' Compensation payments received on account of the same injury for which the disability retirement benefits were approved.

If you are approved for Disability Retirement, no advance (partial) pension payment will be sent to you until NYCERS has acceptable proof of your birthdate on file.

In addition to this application, you must also submit (to NYCERS' Medical Board):

- Applicant's Report of Personal Disability (Form #605)
- Physician's Report of Disability (Form #606)
- General Authorization for Release of Medical Information (Form #608)
- NYCERS Questionnaire (Form #609)

Select a Benefit:

I am applying for (check all that apply):

- ☐ Disability Retirement (RSSL §605)
- ☐ EMT Heart Bill (GML §207-q)
- ☐ EMT ¾ Performance-of-Duty Disability (RSSL §607-b)
- ☐ Deputy Sheriffs ¾ Accidental Disability (RSSL §605-c)

List your Disabling Conditions:

The conditions listed on this form are the **only** conditions the Medical Board will consider under this application.

_____

_____

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

Title

Agency

Select a Temporary Option

This application allows you to select a temporary option, which determines what will happen to your benefit if you should die before the date of your first full payment (the "Interim Period"). If you select either the 100% Joint-and-Survivor or the Ten-Year Certain option, you must name a beneficiary. If you die before selecting an option, or if you fail to name a beneficiary, **NO DEATH BENEFIT WILL BE PAYABLE FROM NYCERS**. If you wish to select an option other than the two provided on this form, please contact our Call Center at (347) 643-3000.

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Please read the descriptions below before choosing only one temporary option. If you choose the Maximum Retirement Allowance, do not name a beneficiary. Use your beneficiary's given name (Mary Smith, not Mrs. John Smith). Note: You may not name your Estate for either the Joint-and-Survivor or the Ten-Year Certain benefit.

- **If you choose the 100% Joint-and-Survivor Option**, you may designate only one beneficiary. Under this option, NYCERS requires proof of birthdate for your beneficiary as well as additional valid documentation, such as a marriage certificate(s), for all names that your beneficiary has been known by that are different from the name on the birthdate evidence you submit.
- **If you choose the Ten-Year Certain Option**, you may designate one primary and one contingent beneficiary, and birthdate evidence for your beneficiary is not required.

CHOOSE ONLY ONE OPTION:

☐ **Maximum**

I elect to receive the maximum lifetime retirement allowance payable to me. I understand that all payments cease upon my death, and that under this option I cannot elect a beneficiary.

--OR--

☐ **100% Joint-and-Survivor**

This temporary option provides your designated beneficiary with a lifetime benefit if you die during the Interim Period. The benefit is calculated as if you had elected the 100% Joint-and-Survivor Option as your permanent option. Among the factors considered in the calculation are the life expectancies of both you and your designated beneficiary. Under this option, you receive a reduced pension (a pension lower than the Maximum Retirement Allowance) because the same amount is to be paid over two lifetimes. In this case, the benefit payable to your beneficiary for his or her lifetime would be 100% of the reduced pension you would have received during your lifetime.

The beneficiary whom I wish to nominate to receive the 100% Joint-and-Survivor benefit is:

Joint-and-Survivor Beneficiary

First Name	M.I.	Last Name

Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /	

Address	Apt. Number

City	State	Zip Code

☐ If this beneficiary is a minor, check here and submit Form #137. If Form #137 is not submitted, NYCERS requires Letters of Guardianship for the Estate of the minor in order to pay a benefit to the minor.

--OR--

☐ **Ten-Year Certain**

This temporary option provides that a benefit will be paid for 10 years if you die during the Interim Period. The benefit is calculated as if you had elected the Ten-Year Certain Option as your permanent option. Unlike a Joint-and-Survivor Option, the benefit payable under the Ten-Year Certain Option is not based on life expectancies, but rather on a defined period of time. Under this option, you receive a reduced pension (a pension lower than the Maximum Retirement Allowance) because the same amount continues for the remainder of the 10-year period upon your death. In this case, the benefit payable to your primary beneficiary is the same reduced pension you would have received during your lifetime. Should a primary beneficiary die after receiving payments, the balance will be paid in a lump sum to your contingent beneficiary. If none exists, the lump-sum balance is paid to the Estate of the primary beneficiary.

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The beneficiary(ies) whom I wish to nominate to receive the Ten-Year Certain benefit is:

Ten-Year Certain Primary Beneficiary

First Name	M.I.	Last Name

Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /	

Address	Apt. Number

City	State	Zip Code

☐ If this beneficiary is a minor, check here and submit Form #137. If Form #137 is not submitted, NYCERS requires Letters of Guardianship for the Estate of the minor in order to pay a benefit to the minor.

Ten-Year Certain Contingent Beneficiary

First Name	M.I.	Last Name

Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /	

Address	Apt. Number

City	State	Zip Code

☐ If this beneficiary is a minor, check here and submit Form #137. If Form #137 is not submitted, NYCERS requires Letters of Guardianship for the Estate of the minor in order to pay a benefit to the minor.

Federal Tax Withholding

Federal tax law provides that all payers are required to withhold Federal income tax on periodic payments (similar to wages), unless you elect to be excluded from such withholding. This election will remain in effect until revoked by you. If you do not complete this election, Federal income tax will be withheld at the rate of a married individual claiming three exemptions.

Please indicate your withholding selection by marking the appropriate choice below:

1. ☐ Do not withhold Federal income tax from my pension. (Do not complete 2 or 3 if you select this option)

2. ☐ Withhold based on ☐ number of exemptions using the following status (You **may** also enter a dollar amount in choice 3):

(Check one only) ☐ Single ☐ Married ☐ Married, but withhold at higher "Single" rate

3. ☐ In addition to the amount withheld based on my exemptions and filing status in choice 2,

I would like to withhold $ ☐ per month (Must specify dollar amount only).

Note: You cannot enter an amount here without entering a number of exemptions in choice 2 (even if that number is zero).

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I, the undersigned, request to apply for Disability Retirement under the disability section(s) I marked on page 1.

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 _____

TERMS

Disability Retirement (RSSL §605):
If you have 10 or more years of Credited Service and NYCERS' Medical Board determines that you are unable to perform the duties of your job title due to a physical or mental impairment, you are eligible to receive a Disability Retirement Benefit. If you have less than 10 years of Credited Service and NYCERS' Medical Board determines that you are disabled as a natural and proximate result of an accidental injury sustained in City service, not caused by your own willful negligence, you are eligible to receive a Disability Retirement Benefit.

You must file this application:
1. within three months from the last date you were being paid on the payroll, **OR**
2. while you are on a leave of absence without pay for medical reasons, either voluntarily or involuntarily, **OR**
3. no later than 12 months after the date you receive notice that your employment has been terminated, provided that you were on an approved leave of absence without pay for medical reasons, which was in effect immediately prior to such termination.

The application must be filed by you, or by a person with legal authority to act on your behalf, or by the head of the agency where you are employed.

Deputy Sheriffs ¾ Accidental Disability (RSSL §605-c): NYC Deputy Sheriffs who become physically or mentally incapacitated for the performance of duties as the natural and proximate result of an accident, not caused by their own willful negligence, are entitled to an Accidental Disability Benefit. **You must file this application while you are actually employed in the eligible title.**

EMT ¾ Performance-of-Duty Disability (RSSL §607-b): EMTs who become incapacitated for the performance of duties on or after March 17, 1996 as the natural and proximate result of an injury sustained while employed as an EMT are entitled to a Performance-of-Duty Disability Benefit. You may also apply under this section if you are presumed to have contracted HIV (through the bodily fluids of a person under care), tuberculosis or hepatitis while in the performance of your duties. **You must file this application while you are actually employed in the eligible title.**

EMT Heart Bill (GML §207-q): The Heart Bill provides a presumption that a disease of the heart was incurred in the performance of duty. EMTs who are approved for disability under the Heart Bill are entitled to a Performance-of-Duty Disability Benefit. The presumption may be rebutted by competent medical evidence. **You must file this application while you are actually employed in the eligible title.**

NOTE: In addition to applying under the special disability provisions above, Deputy Sheriffs and EMTs may also apply for Disability Retirement under RSSL §605 if they have 10 or more years of Credited Service.