



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



NYCERS USE ONLY

F624

## 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 a Disability Retirement. In order for the New York City Employees' Retirement System (NYCERS) to process this application, this form must be filled out in its entirety. Please be sure you read and understand the requirements for filing for a Disability Retirement found on the Instructions and Terms pages. **NOTE: If the address you provide on this form is different from your address on file with NYCERS, the new address will become your official address in NYCERS' records.** If you have any questions, contact NYCERS' Call Center at 347-643-3000.

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

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

**Save time -- submit this form online.**  
Log in/register at [www.nycers.org](http://www.nycers.org)

### Select a Benefit:

Be sure to read the requirements on the Instructions and Terms pages to determine which you qualify under. All applications will be processed according to the benefit(s) selected below.

**I am applying for (Mark all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Disability Retirement with 10-years Service, or as the Result of an Accident (RSSL §605) | <input type="checkbox"/> EMT Heart Law (GML §207-q)                         |
| <input type="checkbox"/> Deputy Sheriffs ¾ Accident Disability (RSSL §605-c)                                      | <input type="checkbox"/> World Trade Center (WTC) Disability Retirement     |
|   | <input type="checkbox"/> EMT ¾ Performance-of-Duty Disability (RSSL §607-b) |

RSSL = Retirement and Social Security Law      GML = General Municipal Law      EMT = Emergency Medical Technician

### Member Information:

Member Number	Last 4 Digits of SSN	Phone Number	Date of Birth [mm/dd/yyyy]
First Name	M.I.	Last Name	
Address			Apt. Number
City		State	Zip Code
Email Address			
Agency		Title	

### List your Disabling Conditions:

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


**Sign this form and have it notarized, PAGE 4**



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

Member Number	Last 4 Digits of SSN

**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.**

Please read the descriptions for each option before choosing only one temporary option. **Note: You may not name your Estate for the Joint-and-Survivor Option. An Estate can be named as a contingent beneficiary for the Ten-Year Certain Option.**

- **If you choose the Maximum Retirement Allowance**, do not name a beneficiary.
- **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 two contingent beneficiaries on this form. If space is needed for additional contingent beneficiaries, contact NYCERS’ Call Center at 347-643-3000. Under this option, birthdate evidence for your beneficiary(ies) is not required.
- **If you wish to select an option other than those provided on this form**, contact NYCERS’ Call Center at (347) 643-3000.

**Choose Only ONE Option:**

Please provide information about your beneficiary(ies) following the option you have elected (except Maximum). Print neatly and in ink. Use your beneficiary’s given name (Mary Smith, not Mrs. John Smith). **DO NOT** erase, use white-out, or cross out any typed or printed information on this form, as it renders the form invalid.

**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. **You may not nominate your Estate for this option.**

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

**Joint & 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, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**. (See Instructions page for details.)

**Or Non Joint-and-Survivor Option, Next page...**





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

Member Number	Last 4 Digits of SSN

**- OR - NON JOINT-AND-SURVIVOR OPTION**

**Ten-Year Certain** – Under this option, if you die within ten years of your retirement, the reduced monthly retirement benefit will be paid to your surviving primary beneficiary for the unexpired balance of the ten-year period. If the designated primary beneficiary predeceases you, the balance of the payment continues to your contingent beneficiary. If none exists, it is paid in a lump-sum to your Estate. 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. You may nominate both a primary and contingent beneficiary(ies) under this option.

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

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, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**. (See Instructions page for details.)

**Note:** If naming multiple contingent beneficiaries, indicate the share of the benefit you would like each to receive. The combined percentage for all contingents named must equal 100%. **You may name your Estate as a contingent beneficiary.**

Ten-Year Certain Contingent Beneficiary	First Name/Estate 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, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**. (See Instructions page for details.)

Share of Benefit
%

**Space for an additional contingent beneficiary on next page.**



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

Member Number      Last 4 Digits of SSN

--	--

**Additional Contingent Beneficiary for Ten-Year Certain Option:**

Ten-Year Certain Contingent Beneficiary	First Name/Estate Name	M.I.	Last Name
	Full Social Security Number	Date of Birth [mm/dd/yyyy]	
	Address		Apt. Number
	City	State	Zip Code
	<input type="checkbox"/> If this beneficiary is a minor, you have the option to name a guardian of the property of the minor by checking this box and completing <b>Form #137</b> . (See Terms pages for details.)		

**NOTE:** If space is needed for additional Contingent Beneficiaries, contact NYCERS' Call Center at 347-643-3000.

**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:**

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

**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.

**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.**



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



## Instructions

To apply for a Disability Retirement, complete this application together with Form #606 - Physician's Report of Disability, Form #608 - General Authorization for Release of Medical Information, and Form #609 - NYCERS Questionnaire, and submit them to NYCERS.

If you are submitting these forms by mail, have this application acknowledged before a Notary Public or Commissioner of Deeds, and mail it to 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101. Forms #606, #608, and #609 do not require a notary, but if submitting by mail, send them to NYCERS' Medical Unit, 335 Adams Street, Suite 2300, Brooklyn NY 11201-3724.

If you are submitting these forms in person to NYCERS' Walk-in Center, and can show a valid photo identification, Form #624 does not need to be notarized. The Walk-in Center is located at 340 Jay Street, Mezzanine Level, in downtown Brooklyn.

NYCERS' Medical Unit will inform you about your Medical Board examination date.

If the Medical Board finds you disabled, and recommends retirement, the Medical Board report will be presented to the Board of Trustees. Thereafter, a letter will be sent setting forth the amounts payable under the various options available to you. You will then be required to select a final option. If you fail to select a final option in the period prescribed, you will be awarded the temporary option you selected when filing for Disability Retirement. If you choose not to select a temporary option, or your selection has been deemed invalid, you will be awarded the Maximum Retirement Allowance without optional modification.

If the Medical Board recommends denial of your application, and the Board of Trustees accepts the recommendation of the Medical Board, notice of the denial will be sent to you with your rights and remedies as a result of the denial.

### **Form #137 - Designation of Guardian When Designating a Minor as Beneficiary**

If your beneficiary is a minor (under the age of 18) at the time of your death, a guardian of the property of the minor is needed for NYCERS to pay out a benefit. You have the option to designate a guardian of property for your minor beneficiary by filing Form #137.

#### **If you do not wish to designate a guardian, and the minor does not turn 18 prior to your death:**

- The minor will either wait until their 18<sup>th</sup> birthday to receive any benefit; **OR**
- A guardian of the property will need to be appointed by the Surrogate Court before the minor will be permitted to receive any benefit.

## Terms

### **Disability Retirement with 10-years Service, or as the Result of an Accident (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 $\frac{3}{4}$ Accident 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 Accident Disability benefit. **You must file this application while you are actually employed in the eligible title.**





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

### 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.**

### World Trade Center (WTC) Disability Retirement Law

The World Trade Center (WTC) Disability Law provides a rebuttable presumption of accidental disability for NYCERS members who participated in WTC Rescue, Recovery or Clean-Up Operations and become disabled from a Qualifying Condition or Impairment of Health. Benefits are paid according to the provisions that cover accidental disability for your tier and title. For complete details and eligibility requirements, please read WTC Disability Law Fact Sheet #703, available on NYCERS' website at [www.nycers.org](http://www.nycers.org).

### EMT Heart Law (GML §207-q):

The Heart Law provides a rebuttable presumption that a disease of the heart was incurred in the performance of duty. EMTs who are approved for disability under the Heart Law are entitled to a Performance-of-Duty Disability benefit. The presumption may be rebutted by competent medical evidence that your disability could not have been caused by the performance of your duties as an EMT. **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.

### 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.

### Withdrawal of Application

You may withdraw your application for a Disability Retirement benefit by submitting Form #619 - Withdrawal of Disability Retirement Application to NYCERS' Medical Unit. This application can be withdrawn up to and until the Medical Board has finalized its findings on your application. You may not withdraw an application filed by your agency on your behalf.

### Returning to Work

Disability retirees who are returning to public service within New York City or New York State may be subject to post-retirement earning limitations. For complete details, please see NYCERS' Brochure #958 - Earnings Limitations for Disability Retirees.

