



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. Please be sure you read and understand the requirements for filing for a Disability Retirement located on the Instructions and Terms pages. In order for the New York City Employees' Retirement System (NYCERS) to process this application, this form must be completed in its entirety. **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 by applying online.
Log in/register at www.nycers.org

Select a Benefit:

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

I am applying for (Select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Accident Disability Retirement (RSSL §605) | <input type="checkbox"/> EMT Heart Law (GML §207-q) |
| <input type="checkbox"/> Ordinary Disability Retirement with 10 or more years of credited service (RSSL §605) | <input type="checkbox"/> World Trade Center (WTC) Disability Retirement |
| <input type="checkbox"/> Deputy Sheriffs ¾ Accident Disability (RSSL §605-c) | <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.





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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/beneficiaries 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/beneficiaries following the option you have elected (unless you elect the Maximum Retirement Allowance). 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 Retirement Allowance – 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 final 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 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 their 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 custodian of the property of the minor by checking this box and completing **Form #137.**

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





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Member Number	Last 4 Digits of SSN
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

- OR - NON JOINT-AND-SURVIVOR OPTION

Ten-Year Certain – Under this option, you receive a pension lower than the Maximum Retirement Allowance. If you die within ten years of your retirement, this same reduced monthly retirement benefit amount will be paid to your surviving primary beneficiary for the remainder 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/beneficiaries under this option.

The beneficiary/beneficiaries 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
	<input style="width: 100%;" type="text"/>		
	Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Address	Apt. Number	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	City	State	Zip Code
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

If this beneficiary is a minor, you have the option to name a custodian of the property of the minor by checking this box and completing **Form #137**.

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
	<input style="width: 100%;" type="text"/>		
	Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Address	Apt. Number	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	City	State	Zip Code
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

If this beneficiary is a minor, you have the option to name a custodian of the property of the minor by checking this box and completing **Form #137**.

Share of Benefit
 %

Space for an additional contingent beneficiary on next page.





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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] Relationship
Address Apt. Number
City State Zip Code

If this beneficiary is a minor, you have the option to name a custodian of the property of the minor by checking this box and completing Form #137. Share of Benefit [] %

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

Federal Tax Withholding - For complete instructions, refer to www.irs.gov/forms-pubs/about-form-w-4-p. If you do not complete this election, your tax deduction will be defaulted to "Single" with all other fields set to 0 (zero). If you do not want to withhold Federal income tax from your pension, skip fields 1 - 8 and place a check in field 9 below.

1. Single or Married, filing separately Married, filing jointly or Qualifying widow(er) Head of household
2. Taxable income from a job or multiple sources of periodic payments (include spouse's taxable income if filing jointly): \$ (If you (or your spouse) have a job, do not complete Steps 3-7 on this form.)
3. Number of qualifying children under age 17: x \$2,000 = \$
4. Number of other dependents: x \$500 = \$
5. Other credits: \$
Add lines 3 - 5. Total Credits = \$
(Fields 6-8 are OPTIONAL.)
6. Other income: \$ 7. Other deductions: \$ 8. Extra withholding: \$
9. Do not withhold Federal income tax from my pension.

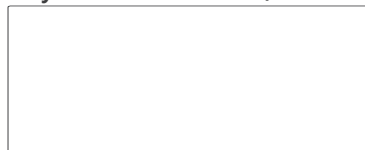
Signature of Member Date

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 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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Instructions

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

Consultations with a disability retirement case manager are available **by appointment only**. To schedule an appointment, contact NYCERS' Call Center at 347-643-3000. To submit these forms in person to NYCERS, you may place fully completed and notarized forms in a secure Drop Box at the entrance of NYCERS' Walk-in Center, located at 340 Jay Street in downtown Brooklyn, Monday through Friday, 8 am to 5 pm.

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, a notice of the denial will be sent to you with your rights and remedies as a result of the denial.

Terms

Disability Retirement (RSSL §605):

Ordinary: 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.

Accident: Regardless of the amount of credited service you have, if the 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 an Accident Disability Retirement benefit under RSSL §605.

For any Disability Application filed under RSSL §605, 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.**

EMT $\frac{3}{4}$ 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.**





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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.

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 reduced by 100% of the annual 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 [Withdrawal of Disability Retirement Application Form #619](#) 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' [Earnings Limitations for Disability Retirees Brochure #958](#).

