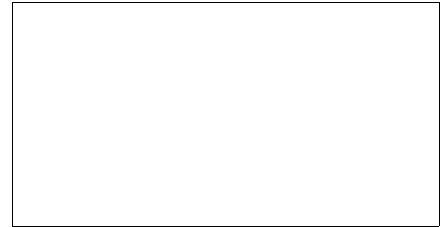




Mail completed form to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



**Application for Disability Retirement  
22-Year Plan Members**

This application is for 22-Year 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.**

**Social Security and Workers' Compensation Offsets:** Disability retirement benefits are subject to an offset of 50% of the Primary Social Security Disability Benefit or Primary Social Security Benefit, and 100% of Workers' Compensation payments for any injury.

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

**Select a Benefit:**

I am applying for (check all that apply):

- Ordinary Disability Retirement (RSSL §506)                       Accidental Disability Retirement (RSSL §507)

**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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Member Number	Last 4 Digits of SSN

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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Member Number	Last 4 Digits of SSN

**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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Member Number	Last 4 Digits of SSN

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 \_\_\_\_\_ 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 \_\_\_\_\_

**TERMS**

This 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.

**Note:** If you apply for benefits under ARTICLE 14 you will be required to submit proof to NYCERS within 60 days of the date of this application that you have applied for primary Social Security disability benefits. NYCERS will hold your application open for a maximum of two years pending a Social Security disability award (extended by any time necessary to complete any and all appeals.) If you receive a primary Social Security disability award, you must notify NYCERS within the shorter of:

1. sixty days after the date of the award, **OR**
2. the two-year period described above, as extended by any appeals.

**Ordinary Disability under RSSL §506 of Article 14**

1. You must have joined NYCERS on or after April 1, 2012.
2. You have at least five years of service credit. However, all continuous public service immediately prior to joining NYCERS will be counted towards this five-year requirement.
3. You must file this application during a pay period for which you were entitled to a regular paycheck for your City service or if you were on an authorized medical leave for up to 2 years.
4. You must be found eligible to receive primary Social Security disability benefits.

If you do not follow these procedures, you will not be eligible to receive disability benefits under Article 14.

**Accidental Disability Retirement Benefits Under RSSL §507 of Article 14**

1. You must have joined NYCERS on or after April 1, 2012.
2. You must have been disabled as a result of an accidental injury which was sustained in the performance of your duties while a member of NYCERS, and such accident must not have been as the result of your own willful negligence.
3. You must file this application during a pay period for which you are entitled to a regular paycheck for your City service or if you were on an authorized medical leave for up to 2 years.
4. You must be found eligible to receive primary Social Security disability benefits, or be found disabled by NYCERS' Medical Board.

If you do not follow these procedures, you will not be eligible to receive disability benefits under Article 14.