

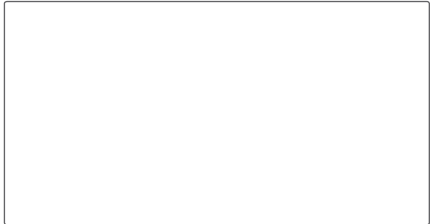


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30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



NYCERS USE ONLY

F625



Application for Disability Retirement 22-Year Plan Members

This application is for 22-Year 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

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):

- Social Security Dependent Ordinary Disability (RSSL §506)
- Social Security Dependent Accident Disability (RSSL §507)

RSSL = Retirement and Social Security Law

Member Information:

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

List your Disabling Conditions:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sign this form and have it notarized, PAGE 4





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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 benefit.**

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 your Estate, **or** 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...





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- 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.

Section A - Designation of Estate for Ten-Year Certain as Primary Beneficiary. (Check the box and leave Section B blank.)

I am nominating my Estate as my sole beneficiary. I understand that by checking this box, the benefit payable under the Ten-Year Certain Option will be payable to my Estate in a lump sum. In order for this selection to be valid, I may not write in any other beneficiary's name on this form, and I have, in fact, left all other designation of beneficiary sections on this form blank.

Section B - Designation of individuals as beneficiary(ies) to receive the Ten-Year Certain benefit.

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
<div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 5px;"> % </div>

Space for an additional contingent beneficiary on next page.



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Member Number Last 4 Digits of SSN

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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
<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 Form #137 . (See Instructions page for details.)			Share of Benefit <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> % </div>

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

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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.

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





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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 #625 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 18th 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

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.

Requirements for Social Security Dependent Ordinary Disability Retirement Benefits under RSSL §506

1. You must 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.
2. 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.

You must be found eligible to receive primary Social Security Disability benefits.

Note: If you apply for benefits under this provision 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:

- a. sixty days after the date of the award; **OR**
- b. the two-year period described above, or as extended by any appeals.

If you do not follow these procedures, you will not be eligible to receive disability benefits under RSSL §506.





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Requirements for Social Security Dependent Accident Disability Retirement Benefits Under RSSL §507

1. You must file this application during a pay period for which you are entitled to a regular paycheck for your City service.
2. You must be found eligible to receive primary Social Security Disability benefits, or are found to be disabled by the NYCERS Medical Board and the disability is a natural and proximate result of an accident sustained in active service.
3. If applying under RSSL §507 based on a Social Security determination and you have not yet applied for primary Social Security Disability benefits, you will be required to submit proof to NYCERS, within 60 days of this application, that you have applied for such 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).
4. If your disability is based on a finding by the Social Security Administration that you are disabled, then you must notify NYCERS within the shorter of:
 - a. sixty days after the date of Social Security Administration award; **OR**
 - b. the two-year period described above, or as extended by any appeals.

If you do not follow these procedures, you will not be eligible to receive disability benefits under RSSL §507.

Workers' Compensation and Social Security Payments Offset:

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.

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.

