



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



**Election of 20-Year Retirement Program
Tier 2 or Tier 3 NYC Correction Members Below the Rank of Captain**

This is an election for Tier 2 or Tier 3 Correction members below the rank of Captain to participate in the 20-Year Retirement Program. In order to participate in this program, you must be a correction member below the rank of Captain at the time of filing. Please read the conditions below and complete the requested information. **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.** Should you have any questions regarding this program, please contact our Call Center at 347-643-3000.

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

I understand that in order for this election to be valid pursuant to law:

1. I must have become a NYC Correction member below the rank of Captain on or after December 19, 1990, **AND**
2. I must file this application within 180 days of becoming a NYC Correction member below the rank of Captain, **AND**
3. I must be in active service at the time of filing.

If you were an active member before December 19, 1990, you had the option of joining this program by filing this application by June 17, 1991; however, this option has since expired.

ONCE THIS APPLICATION IS RECEIVED BY NYCERS IT CANNOT BE REVOKED

I hereby elect to participate in the 20-Year Retirement Program for Correction Members below the rank of Captain, and to contribute to NYCERS for the right to retire under this program.

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.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Sign this form and have it notarized