Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

Employees' Retirement System Membership Registration RS 5420

(Rev. 5/12)

If your employment is on a part-time, temporary or provisional basis, or less than 12 months per year, membership is optional.

IF YOUR MEMBERSHIP IS OPTIONAL, DO NOT COMPLETE OR SUBMIT THIS FORM UNLESS YOU DESIRE TO BECOME A MEMBER.

Instructions: Please print clearly in ink or type. **Application must be signed and notarized on last page.**
Employee: Complete items 1–3, 10–13 on page 2 and other applicable sections. **Employer:** Complete items 4–9a.
FOR A REGISTRATION NUMBER: Call 1-866-805-0990 or (518) 474-3081. Or fax the application to (518) 486-4382.
This completed membership application must be mailed to the Retirement System for the membership to be effective.

Receipt Stamp
For OSC use only

IMPORTANT INFORMATION: Has this person been registered to membership by means of the telephone or fax registration system? ☐ Yes ☐ No (If yes, enter the information given to you in the boxes below.)

In order to complete the registration process this membership registration form must be received by the Retirement System.

Location Code	Plan Code	Group Code	Date of Membership Mo.	Day	Year	Arrears Code	Registration Number	Rate

To Be Completed by Employee (Also see reverse side)

1 Employee's Name Last | First | Middle Initial

2 Employee's Address Street and/or PO Box # | City | State | Zip Code + 4

3 Date of Birth (Month / Day / Year) | **Sex** (M ☐ F ☐) | ***Social Security Number** | **Maiden or Other Name Used**

* NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

To Be Completed by Present Employer

4 Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division, or Institution)

5 Employer's Address Street | City County | State | Zip Code + 4 | **Employer Telephone Number** ( )

Payroll Title:

6 | **Indicate Length of Work Year** ☐ 10 Months ☐ 12 Months ☐ Seasonal | **Employer Fax Number** ( )

Check if Either Applies ☐ Appointed Official ☐ Elected Official

*If accountant, auditor, physician, attorney, engineer or architect please submit documentation as indicated at www.osc.state.ny.us/retire/employers/classify_an_employee. htm

Enter the Date or Dates Relating to Employee's Present Position:

7

Part-Time Employment						Full-Time Employment					
Date of First Appointment			Date of Permanent Appointment			Date of Temporary or Provisional Appointment			Date of Permanent or Probationary Appointment		
Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year

Frequency of Payment:

8 ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly
☐ Semi-Monthly ☐ Bi-weekly ☐ Weekly ☐ Other – Please Specify _____

Basis of Compensation and Rate (Tier 1, 2, 3, 4 and 5 ONLY):

9 Annual $_____ Daily $_____ Hourly $_____
Units of Work Performed $_____ per _____ (Example: $50 per meeting or $10 per examination, etc.)

Basis of Compensation and Rate (Tier 6 ONLY):

9a Annual Wage $_____

Tier 6 requires employers to determine the Annual Wage for individuals who work Part Time, Seasonal or on an Hourly, Daily or Unit of Work Basis. See the Chart on Page Two for instructions.

Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

Hourly Employees	**Daily Employees**
12 month Employee: $_____ (Hourly Rate) x _____ (Standard Workday*) x 260 (Days Worked) = $0.00 (Annual Wage)	12 month Employee: $_____ (Daily Rate) x 260 (Days Worked) = $0.00 (Annual Wage)
10 month Employee: $_____ (Hourly Rate) x _____ (Standard Workday*) x 180 (Days Worked) = $0.00 (Annual Wage)	10 month Employee: $_____ (Daily Rate) x 180 (Days Worked) = $0.00 (Annual Wage)

*Standard Workday (Hrs/day) (Applies to all Tiers): The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually worked. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation.

Unit of Work Employees	**Example: Paid $50 per Meeting**
$_____ (Unit Rate) x _____ (# of Events**) = $0.00 (Annual Wage)	$50 (Unit Rate) x 12 Meetings (# of Events***) = $600 (Annual Wage)
**Estimated or Actual	***An estimate of the number of events is acceptable

Note: Any questions regarding annual wage, please contact the Retirement System.

To Be Completed by the Employee

Are you currently an ***active*** or ***vested*** member of **any other** public retirement system in New York State? ☐ YES ☐ NO	
If yes, what is the name of the system? **10**	REGISTRATION NUMBER (If Known)?

WARNING: If you are now an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may effect contribution cessation dates.

Are you receiving or are you about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in the State? ☐ YES ☐ NO	
11	REGISTRATION NUMBER (If Known)?

Have you ever been a member of the New York State Employees' Retirement System? ☐ YES ☐ NO	
12	REGISTRATION NUMBER (If Known)?

List below all previous periods of employment with New York State or any New York State public entity (County, City, Town, Village, School District, Public Authority or Special District). Include any military service. Attach additional sheets as required.

13 Name of Employer	Name of Dept. or Agency	Title of Position	From			To			Indicate If Permanent or Temporary, and Full or Part Time
			Mo.	Day	Year	Mo.	Day	Year	

NOTE: In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement System, Albany, NY 12244-0145; telephone number (518) 474-3524.

Reinstatement to a former membership in accordance with Section 645 (Tiers 3, 4, 5 and 6).

Note: Completion of this form does not constitute an application for reinstatement.

Section 645 of the Retirement and Social Security Law allows members of a New York State public retirement system, whose original membership was terminated or withdrawn, to return to their former Tier or date of membership.

Members with a former Tier 3, 4, 5 or 6 membership in the New York State and Local Employees' Retirement System will be automatically provided with the cost, if any, and procedures for reinstatement at a later date.

Former Tier 3, 4, 5 or 6 members of any NYS public retirement system, *other than the NYS Employees' Retirement System*, **please complete the section below**. We will provide you with the cost, if any, and procedures for reinstatement at a later date.

Reinstatement to a former membership in accordance with Section 645 (Tiers 1 and 2).

Members with a former Tier 1 or 2 membership in any New York public retirement system may apply for reinstatement by completing the section below.

Important Information:

If you are not sure of your employer's current Tier 1 or 2 retirement plan, or if you are a member of the Police and Fire Retirement System or if you have any questions regarding reinstatement you should contact the Retirement System before completing the section below.

If you are given Tier 1 or 2 status, your Tier 3, 4, 5 or 6 contributions are **not refundable** and you will not be able to take a loan against these contributions.

If your date of membership will be before April 1, 1960, you may owe contributions for services rendered prior to April 1, 1960. Any deficit in contributions for service before the date noted will result in a reduction of your retirement benefit.

FORMER MEMBERSHIP INFORMATION:

PLEASE CHECK THE FIRST FORMER RETIREMENT SYSTEM YOU WERE A MEMBER OF:

- ☐ New York State Teachers' Retirement System
- ☐ New York State and Local Employees' Retirement System
- ☐ New York State and Local Police and Fire Retirement System
- ☐ New York City Employees' Retirement System
- ☐ New York City Board of Education Retirement System
- ☐ New York City Teachers' Retirement System
- ☐ New York City Police Pension Fund
- ☐ New York City Fire Pension Fund

PLEASE COMPLETE THE FOLLOWING (if known):

Former Registration Number:_____ **Date of Membership:** _____

Former Name (if applicable): _____

Have you received credit for this former membership in any other retirement system? Yes ☐ No ☐

If Yes, what retirement system?_____

Are you receiving or eligible to receive a retirement benefit based on this service? Yes ☐ No ☐

Signature _____ Date _____

If you are eligible for a refund of contributions, the Retirement System is required to withhold 10% of the taxable amount of the refund for federal taxes unless you instruct us not to take the withholding.

If you do not want the Retirement System to withhold federal income tax from your payment, sign and date this election.

I DO NOT WANT TO HAVE FEDERAL INCOME TAX WITHHELD FROM MY PAYMENT.

Signed:_____ Date: _____

Important: If you find this form is not suited for the type of Designation you prefer, please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. Beneficiaries' complete name, address, date of birth and relationship must be provided. Do *not* designate yourself. If additional space is needed you may enter two names on a line. **This is a legal document and, therefore, this form must not be altered.**

To the Comptroller of the State of New York.

Designation of Primary Beneficiary(ies)

I hereby name the following as beneficiary(ies) to receive any death benefit payable on my behalf. I realize that if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

Name ☐Male ☐Female	Name ☐Male ☐Female
Birth Date Relationship (Check one) ☐Spouse ☐Parent ☐Child ☐Other	Birth Date Relationship (Check one) ☐Spouse ☐Parent ☐Child ☐Other
Address	Address
Name ☐Male ☐Female	Name ☐Male ☐Female
Birth Date Relationship (Check one) ☐Spouse ☐Parent ☐Child ☐Other	Birth Date Relationship (Check one) ☐Spouse ☐Parent ☐Child ☐Other
Address	Address

Designation of Contingent Beneficiary(ies)

If all the above named beneficiaries die before I do, any benefits payable on my behalf shall be paid to the following. I realize that, if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. Furthermore, if I should out-live all these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name hereafter. I reserve the right to change the designation at any time.

Name ☐Male ☐Female	Name ☐Male ☐Female
Birth Date Relationship (Check one) ☐Spouse ☐Parent ☐Child ☐Other	Birth Date Relationship (Check one) ☐Spouse ☐Parent ☐Child ☐Other
Address	Address
Name ☐Male ☐Female	Name ☐Male ☐Female
Birth Date Relationship (Check one) ☐Spouse ☐Parent ☐Child ☐Other	Birth Date Relationship (Check one) ☐Spouse ☐Parent ☐Child ☐Other
Address	Address

WARNING: If you are receiving a pension from a public retirement system in New York State, contact the system providing your pension BEFORE signing this form. Failure to do so could result in the suspension of payment of your pension benefit.

IMPORTANT: You must sign and enter date below to affirm Retirement System membership, and beneficiary designation.

I have made my Designation of Beneficiary as shown above and acknowledge that my membership in the New York State and Local Employees' Retirement System is governed by the provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

_____

Signature

_____

Date

Employee Telephone Number*

Employee E-Mail Address*

*Not Required

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of_____ County of _____

On the ____ day of _____ in the year ____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____

NOTARY PUBLIC (Please sign and affix stamp)

Notary Stamp

FOR OFFICE USE ONLY

Reviewed		Examined