



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

Election Form for 25 Year Retirement Plan

Section 89-p

RS 5473-P

(Rev. 5/06)

Tier 3 Members Only

IMPORTANT: This Election and the waiver of Article 14 rights are IRREVOCABLE

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I hereby elect to contribute under the provisions of Section 89-p of the Retirement and Social Security Law as provided by Chapter 725 of the Laws of 1994. I understand that Section 89-p provides for a retirement allowance of one-half final average salary upon the completion of 25 years of creditable service.

I also understand that by filing this election I forever waive all rights, benefits, and privileges earned or available to an Article 14 member including:

- The eligibility for a reduced retirement benefit between the ages of 55 and 62 prior to completing twenty-five years of allowable service under Section 89-p or upon accepting other employment either in a non-covered position in the County or employment with another public employer who participates in the Retirement System.
- The eligibility for an ordinary disability retirement with **five** years of credited service and the awarding of primary Social Security benefits.
- The eligibility for a Tier 3 accidental disability retirement benefit.

Employer _____	Member's Mailing Address (Please Print)
Department _____	Name _____
Payroll Title _____	Address _____
Signature _____	_____
Registration Number _____	
Social Security Number* _____	

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.

This election form is to be completed only by a qualified Tier 3 sheriff, undersheriff, deputy sheriff or correction officer. It must be filed with the Comptroller within one year of the date the County elects this coverage or within one year after entering into employment with the County. A member who elects Section 89-p **may not** withdraw this election at any time.

*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 Section 11, 34, 311 and 334 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.

 NOTARY PUBLIC (Please sign and affix stamp)

This form is invalid unless applicant is currently a Tier 3 member of the New York State and Local Retirement Systems.

SERVICE RECORD ON REVERSE SIDE MUST BE COMPLETED

SERVICE RECORD

Registration Number _____

Name _____

The following is a complete record of my service as a sheriff, undersheriff, deputy sheriff or correction officer with the County or as a member or officer of the state police or as a paid firefighter, policeman or officer of any organized fire department or police force or department of any county, city village, town, fire district or police district, or as a criminal investigator in the office of the district attorney; provided that service as such investigator shall have been rendered prior to January first, nineteen hundred sixty and that credit therefore shall not exceed five years. Include service as a regular deputy sheriff only for the periods you were engaged directly in criminal law enforcement activities. (Include service in the armed forces in time of war, entering from and returning to a qualified position.)

TITLE	EMPLOYER	SERVICE					
		FROM			TO		
		MONTH	DAY	YEAR	MONTH	DAY	YEAR

Employee's Signature