

Received Date

**Election Form for 25 year
 Retirement Plan
 Sections 89, 603 or 604
 Tier 3 ERS Members Only
 RS 5473**

(Rev. 09/18)

Please type or print clearly
 in blue or black ink

NYSLRS ID

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Social Security Number [last 4 digits]

XXX-XX-

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Retirement System [check one]

Employees' Retirement System (ERS)
 Police and Fire' Retirement System (PFRS)

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

This election form is to be completed only by a qualified member covered under a special 25 year retirement plan as defined in Sections 89, 603 and 604 of the Retirement and Social Security Law. It must be filed with the Comptroller within one year after such person becomes employed in an eligible title. A member who elects this benefit plan *may not* withdraw this election at any time.

Information About You		
1. Name: (First, Middle Initial, Last)		
2. Address: (Including Street, Apt. or PO Box, City, State and Zip Code)		
3. Current Employer:	4. Current Department:	5. Date of Appointment to Eligible Title: (mm/dd/yyyy)

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I hereby elect to contribute under the provisions of Section 89, 603 or 604 of the Retirement and Social Security Law that are applicable to my title. These provisions provide for a retirement allowance of one-half final average salary upon the completion of 25 years of creditable service.

I understand that by filing this election, I 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 25 years of allowable service under my current retirement plan, or upon accepting other employment either in a non-covered position with my current employer or with another public employer that participated in NYSLRS
- 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.

Signature: _____ Date: _____

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)

***Social Security Disclosure Requirement:** 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, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law: The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.

