

Received Date

**Election Form for 25 Year
 Retirement Plan Section 89
 (A14CO)**

RS 5475
(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 15 rights are IRREVOCABLE

This election form is to be completed only by a qualified security hospital treatment assistant, security hospital senior treatment assistant, security hospital supervising treatment assistant or security hospital treatment chief. It must be filed with the Comptroller within one year after such person becomes employed in an eligible title. A member who elects Section 89 **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:

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I hereby elect to contribute under the provisions of Section 89 of the Retirement and Social Security Law as provided by Chapter 578 of the Laws of 1989 which provides 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 15 member. I also understand that if I do not complete 25 years of creditable service, any allowance I receive will be reduced at age 62 by an offset for Social Security.

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.

