

Received Date

**Election Form for Sheriffs, Undersheriffs,  
 and Deputy Sheriffs 25 Year Plan and the  
 Additional 1/60 Retirement Plan Under  
 Article 14-B, Section 551 and 551(e)  
 RS 5501**

(Rev. 01/19)

Please type or print clearly  
 in blue or black ink

**NYSLRS ID**

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**Social Security Number** [last 4 digits]

XXX-XX-  □□□□

**Retirement System** [check one]

Employees' Retirement System (ERS)

Police and Fire' Retirement System (PFRS)

This election form is to be completed only by a Sheriffs, Undersheriffs, or Deputy Sheriffs directly engaged in criminal law enforcement 50 percent or more of the time, who are Police Officers under the Criminal Procedure Act, and who are employed by a county which has elected to make these benefits available.

**This plan must be elected within one year of your appointment to the eligible title or within one year of your employer's adoption of this plan, whichever is later.**

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. Payroll Title:	5. Date of Appointment: (mm/dd/yyyy)

**TO THE COMPTROLLER OF THE STATE OF NEW YORK:**

I hereby elect to contribute under the provisions of Section 551 and 551(e) of Article 14-B of the Retirement and Social Security Law, providing for retirement at one-half final average salary upon completion of 25 years of creditable service and an additional benefit of 1/60 of final average salary for each year of service after 25 years, with the total benefit not to exceed 75 percent of final average salary. I understand that this election must remain in effect for at least one year, and may not be withdrawn or modified during that one year period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTICE: This election is not effective until it is received by the Retirement System.**

**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)

**SHERIFF'S CERTIFICATION FOR DEPUTY SHERIFFS:**

I, \_\_\_\_\_, the Sheriff of \_\_\_\_\_ County, do hereby certify that \_\_\_\_\_, is employed as a Deputy Sheriff under my jurisdiction, that (s)he is engaged 50 percent or more of the time in criminal law enforcement activities, and is a Police Officer under the Criminal Procedure Act.

Sheriff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*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.

