



New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

Please type or print clearly
in blue or black ink

Received Date

Election Form for Coverage Under
Article 22 (Tier 5) In Accordance with
Chapter 263 of the Laws of 2016

RS 5536

(Rev.09/18)

NYS LRS ID

Grid for NYS LRS ID

Social Security Number [last 4 digits]

XXX-XX- Grid for Social Security Number

Retirement System [check one]

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

For members transferring into the Police and Fire Retirement System with a date of membership between July 1, 2009 through January 8, 2010 resulting in Tier 3 status.

Pursuant to Chapter 263 of the Laws of 2016, individuals who became a member of a public retirement system on or after July 1, 2009 and before January 9, 2010, who transfer membership to the New York State Police and Fire Retirement System (PFRS), may elect to be covered by the provisions of Article 22 of the Retirement and Social Security Law (RSSL). In order to effect this change, please complete the form below and return it to the Retirement System at the address listed above.

I elect benefit coverage under Article 22 (Tier 5) of the RSSL

Signature: _____ Date: _____

Information About You: (Please Print)
1. Name: (First, Middle Initial, Last)
2. Address: (Including Street, Apt. or PO Box, City, State and Zip Code)
3. Employer: 4. Department: 5. Payroll Title:

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.

