

Received Date
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# Request for Estimate

**RS 6030**  
(Rev. 11/22)

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)

**Complete items 1 through 10**  
**This request must be signed by member requesting information**  
**All information is subject to verification.**

**NOTE: THIS IS NOT A RETIREMENT APPLICATION**

**Information About You**

1. Name: (First, Middle Initial, Last)	2. Date of Birth:
3. Telephone Numbers: HOME (    )  WORK (    )      CELL (    )	4. Estimated Date of Retirement
5. Address: (Including Street, City, State and Zip Code)	

**INFORMATION ABOUT YOUR PUBLIC EMPLOYMENT AND MEMBERSHIP(S)**

6. To the best of your ability, please complete the following record of your **PUBLIC SERVICE**, including service in the Armed Forces.

EMPLOYER (Indicate whether State, County, City, Town, Village, etc.)	Department or Agency	Title of Position	SERVICE						
			FROM			TO			
			Mth	Day	Year	Mth	Day	Year	

7. Are you a member of both the NYS and Local Employees' Retirement System and the NYS and Local Police and Fire Retirement System, or any other Public Retirement System? Yes  No

If Yes, what Retirement System? \_\_\_\_\_ Registration Number: \_\_\_\_\_

8. Have you ever been a member of the NYS and Local Employees' Retirement System and the NYS and Local Police and Fire Retirement System, or any other Public Retirement System under a different name or registration number? Yes  No

If Yes, what Retirement System? \_\_\_\_\_ Registration Number: \_\_\_\_\_

Other Name: (if applicable) \_\_\_\_\_

**9. INFORMATION ABOUT YOUR INTENDED BENEFICIARY:**

If you would like the amounts payable, under the Joint Life Allowances, only one intended beneficiary may be listed and you must indicate their date of birth. **NOTE: This is not a designation of beneficiary.**

Beneficiary's Name: (First Middle Initial, Last)

Beneficiary's Social Security Number:\*

Beneficiary's Address: (Including Street, City, State and Zip Code)

Beneficiary's Date of Birth:

Relationship: (If Any)

10. Please sign your name in full below:

I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

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

**AS YOU NEAR RETIREMENT, YOU SHOULD BE AWARE OF THE FOLLOWING**

**FILING A RETIREMENT APPLICATION:**

An application for retirement must be on file with the Retirement System for at least 15 days, but not more than 90 days, before your retirement can become effective.

Documentary evidence of your date of birth must be submitted before any benefit can be paid.

**OPTIONS:**

Proof of your beneficiary's date of birth will be required if you select any of the Joint Allowance Options (i.e. the Joint-Allowance-Full, Joint Allowance-Half, various percentage options, Pop-up Joint Allowance – Full or Joint Allowance-Half Options).

**EXCESS CONTRIBUTIONS:(TIER 1 AND 2 ONLY)**

All or any excess contributions in your annuity savings account may be withdrawn by filing application for Refund of Excess Contributions (RS 5195). The application must be received in the Retirement System **before** the effective date of your retirement.

**INFORMATION:**

Retirement System Information Representatives travel throughout New York State meeting with members and retirees. If you would like additional information or explanation, see a representative when one is in your vicinity, or contact our Call Center toll-free at 1-866-805-0990, or at 518-474-7736 if you live in the Albany area. Information is also available on our website at [www.osc.state.ny.us/retire](http://www.osc.state.ny.us/retire).

**POST RETIREMENT EMPLOYMENT:**

All paid public employment must cease at the time of your retirement. There are laws governing employment after retirement and if you plan to be employed by or contract with a public employer, it is important for you to know about them. You may obtain information by writing to the Post-Retirement Employment Section, New York State and Local Retirement System, Albany, New York 12244.

**\*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.

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