



New York State and Local Retirement System  
 110 State Street, Albany, New York 12244-0001  
 Fax Number: (518)486-4382  
 For questions concerning Member Enrollment call: (518) 474-3081

Received Date
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# Police and Fire Membership Registration PF 5022

(Rev. 10/18)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

**NYS LRS ID**

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**Social Security Number \***

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**Registration Number**

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<b>Part 1: Employee – Read information provided on page 2.</b>					
<b>Employee's Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Employee's Address:</b>		<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Former Name:</b> (if applicable)		<b>Date of Birth</b> (mm/dd/yyyy)		<b>Gender</b>	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____					
Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____					
(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')					

<b>Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.</b>											
<b>Employer's Name:</b>						<b>Employer's Telephone:</b>					
<b>Employer's Address:</b>						<b>Employer's Fax Number:</b>					
<b>Job Code [1]</b>		<b>Employee Classification</b>				<input type="checkbox"/> Regular [2]		<input type="checkbox"/> Full Time			
		<input type="checkbox"/> 12 Month		<input type="checkbox"/> 12 Month Provisional		<input type="checkbox"/> Seasonal		<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time	
<b>Hire Date [3]</b>			<b>Standard Workday [4]</b>		<b>Location Code</b>				<b>For State Agency Use Only – Agency Code</b>		
Month	Day	Year									

**Frequency of Payment**

Weekly   
  Bi-Weekly   
  Semi- Monthly   
  Monthly   
  Quarterly   
  Semi- Annually   
  Annually   
  Other- Please Specify \_\_\_\_\_

**Projected Annualized Wage [5]**

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Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See Page 2 for examples.

