NET-2 (12/16)



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
(800) 348-7298 or 447-2900 (Albany-area calls); Membership Ext. 6190

OFFICE SERVICES ONLY

APPLICATION FOR MEMBERSHIP Please Provide All Requested Information

PART 1 — TO BE COMPLETED BY APPLICANT	1
Social Security Number EmpliD #	
First Name MI Last Name	•
Street Address	
Street Address	
City State	Zip Code
Phone Number	
(Home Cell	Other
Email Address	
Gender Date o	of Birth
Male Female	
Month	Day Year
Former Name Last Name	
PART 2 — TO BE COMPLETED BY EMPLOYER (Refer to Section 1 of the NYSTRS	Employer Manual at NYSTRS.org)
Mandatory Membership	Membership in NYSTRS is restricted to
1 First date of full-time service	teachers as defined by Section 501-4 of the Education Law, Teachers must be
rist agree of full-time service	in "UNCLASSIFIED SERVICE" pursuant to
Month Day Year	Section 35 of the Civil Service Law. (As not
Optional Membership	all "unclassified" positions are reportable to NYSTRS, please contact the State Education
2 The earliest month in which:	Department for guidance if necessary.)
A. Both service was rendered and	Note: In cases that are not clear to either
the application was notarized	Civil Service or the State Education
(Service can be rendered after	Department, the Retirement Board shall determine whether a person is a teacher as
the month of notarization.) Month Day Year OR	defined by law.
B. Member contributions were taken.	My signature certifies this employee
LOCATION CODE:	is eligible for NYSTRS membership as
	determined by Civil Service or the State Education Department.
1) PER DIEM SUB <u>QR</u> 2) CURRENT YEAR EARNINGS:	SIGNATURE OF AUTHORIZED OFFICIAL
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NYSTRS SERVICE CREDIT

* SIX IMPORTANT QUESTIONS *

You are responsible for ensuring your records are complete and accurate. Failure to provide any of the following necessary information could result in the loss of or reduction in a future benefit.

For an explanation of questions 1-5, see page 6.	
 Are you now a member of another New York State (NYS) or New York City (NYC) public retirement system? If YES, carefully read page 6, Question 1 for further information. 	YES NO
Name of Retirement System:	
2. Are you receiving a pension (monthly benefit) from another NYS or NYC public retirement system? If YES, is it a disability pension?	YES NO
If YES, provide the information below and then refer to page 6 for important m	embership eligibility information.
Name of Retirement System:	
Retirement Number:	
retirement system that qualifies you to be reinstated, do you elect reinstatement? This election is irrevocable. If YES, in what system was your former service credited: Name of Retirement System:	
System Membership or Registration #:	
4. Do you wish to claim previous NYS or NYC public employment or public teaching service not included in question 3?	YES NO
5. Have you ever served in the armed forces of the United States?	YES NO
6. Are you currently an active member of the Optional Retirement Program (TIAA/VDCP)?	YES NO
If YES, name the employer:	

<u>Nember Social Se</u>	curity Number		
i		PA	RT 4 — DESIGNATION OF BENEFICIARY (NET-11.4)
		Ple	ease review all information on pages 4-5 before completing this area.
Name and Addre	ess of Beneficiary(ies)		Any changes made on this application must be initialed.
Check One:	Primary C	Contingent	
First Name		MI L	Last Name
		}	
Street Address			
Street Address			
City	 		State Zip Code
Date of Birth		Male	Beneficiary Social Security Number Relationship
	/		_ _ Spouse
Month Do	Year	Female	
101011111	ay tou		Child
			Other
Name and Addre	ess of Beneficiary(ies)		
		>	
Check One:	Primary C	Contingent	
First Name	 		Last Name
Street Address_	 		
Street Address	· · · · · · · · · · · · · · · · · · ·		
1111			
City			State Zip Code
Date of Birth	· · · · · · · · · · · · · · · · · · ·	Male	Beneficiary Social Security Number Relationship
			Spouse Spouse
		Female	
Month Do	y Year		Child
			Other

							Membe	r Social	Securit	<u>y</u> Nun	nber		_
Name and Addres	s of Beneficiary(les)						<u> </u>]-			
Check One:	Primary	Cor	ntingent										
First Name			M	Last Nam	ne								
Street Address										т т			
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Street Address			- 1 1		1 1	1 1						т т	
City						т—¬ і́	<u>State</u>	Zip Co	ode T T		7 [_
			14-1-			<u>Ш</u> []-[
Date of Birth	7 []		Male	Bene	ticiary S	ocial Se	curity N	lumber	т-т	٦ .	K€ F	elationsl	·
Month Day	/ Year		Female			-	_				Ĺ		ouse
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I understand my de			will receive	the deat	ı benefi	covere	age aut	horized	by Parc	grap	h 2 of 5	Section	606(a)
of the Retirement a	ind Social Secur	ity Law.											
I direct the New Yo and my contributio any beneficiary wh designated primary should survive all de	ons in one paymono predeceases y beneficiaries, t	ent to the I me will be he benefit	beneficiary equally sho shall be pa	(ies) listed ared by th aid in equa	above. e survivi al shares	If more ing ben to the	than or eficiary surviving	ne bene (ies). I fu g contin	eficiary urther di agent b	is listed rect the enefic	d, the : nat if I :	share o survive	F
A portion of the de continue into retire beneficiary(ies) for	ment. The indivi	erage und duals listed	er Paragrap l above or d	oh 2, Secti on the mo	on 606(st recer	a) of the	e Retirei Designi	ment ar ation of	nd Soci Benefic	al Sec ciary f	urity Lo orm ar	aw may e the	
I certify that the in based on my earr with interest, will b	nings. If my dec	oth occurs	prior to re	tirement	or the t	ermina							
By filing this applic							also un	derstar	nd that	my c	addres	ss may	be
	This a	pplication	must be s	signed aı	nd nota	ırized i	n order	to be	valid.				
	Mai	ried women	n must use the	eir given no	me (Ma	ry Smith	not Mrs	John Smi	ith)				
Signature of Applicant													_
State of											-		
County of				_									
On this						year_		b	efore r	ne, th	ne und	dersign	ed,
a Notary Public in		•						7777					
personally known	•					-							
subscribed to the and that by his/he				_								•	•
acted, executed	_		anem, me	HUIVIOU	ui, Ol II	ie heiz	on ope	WI DELIC	all OI W	TIICH	irie Iri	CIVICUC	NI.
Signature of Nota		•					Expir	ation D	ate:				

If you need assistance in completing Part 4 (Designation of Beneficiary) of this application, please call (800) 348-7298, Ext. 6130.

DESIGNATION OF BENEFICIARY

- ♦ If you wish to name more than three beneficiaries, please ask your school business office for an additional Designation of Beneficiary (NET-11.4) form to complete and submit with this application.
- ♦ If you wish to designate a custodian for a minor, a testamentary trust, an intervivos trust, or a corporation, please contact us at (800) 348-7298, Ext. 6130 for instructions to properly complete the designation.
- For each beneficiary, be sure you have checked either primary or contingent.
- ♦ At least one beneficiary must be designated as primary.
- ◆ Contingent beneficiaries should be listed after the primary.
- Do not number beneficiaries.
- ◆ List <u>all</u> requested information for each beneficiary. For married women, use their given name (Mary Smith not Mrs. John Smith).
- ♦ An unborn child may not be named as a beneficiary.
- ♦ If you wish to name your estate as beneficiary, please write "MY ESTATE" on the beneficiary name line. We also suggest that you contact your tax advisor to determine if this designation is in your best interest.
- ◆ Percentage allocations for each category (primary or contingent) must equal 100%. Only whole number percentage designations are allowed.
- If your beneficiary designation is deemed invalid, we will update your beneficiary as your estate until a valid designation is filed.

DEATH BENEFIT ELECTION

Each new member of the Retirement System has death benefit coverage under Paragraph 2 of Section 606 of the Retirement and Social Security Law.

The Paragraph 2 death benefit is payable if death occurs while in active service. It provides one year's salary after a year of member service, increasing each year to a maximum of three years' salary after three or more years of member service. The benefit is reduced after age 60 by 4% per year, up to a maximum reduction of 40% at age 70. (Reductions begin at age 61; age is not rounded and the reduction is not prorated.)

Paragraph 2 also provides a survivor benefit after retirement. The death benefit in effect at the time of retirement is reduced to 50% during the first year of retirement, 25% during the second year of retirement, and 10% of the benefit in effect at age 60 (or at retirement, if earlier than age 60) for the third and future years.

Once we receive your membership application, we will send you an acknowledgement letter. To learn more about your membership, we urge you to read Your First Look at NYSTRS and the Active Members' Handbook, which are available in the Library at NYSTRS.org.

NYSTRS is required by state and federal laws to collect personal information and maintain records to ensure an accurate calculation of any benefits that may be payable. This information is disclosed only where authorized by law. Failure to provide all necessary information may interfere with timely payment of benefits.

NYSTRS' Privacy Policy identifies and describes the types of information collected and how the information is used. The complete policy is available at: https://www.nystrs.org/Privacy-Policy. For questions regarding the policy, email communit@nystrs.org or write to NYSTRS, Attn: Public Information Office, 10 Corporate Woods Drive, Albany NY 12211-2395.

QUESTION 1

If you have an active membership in one of the NYS or NYC public retirement systems shown below but are no longer working in a position reportable to that system, you may be eligible to transfer that membership to NYSTRS. A transfer will bring all of your service credit, member contributions (if any) and original date of membership to your new NYSTRS membership.

NYS/NYC public retirement systems from which a transfer of membership is possible:

New York State and Local Employees' Retirement System (866-805-0990)
New York City Teachers' Retirement System (888-869-2877)
New York City Board of Education Retirement System (800-843-5575)
New York City Employees' Retirement System (877-669-2377)
New York State and Local Police and Fire Retirement System (866-805-0990)
New York City Police Pension Fund (866-692-7733)
FDNY Pension Bureau Fire Department (718-999-1189)

To request a transfer, please obtain forms and instructions from the appropriate retirement system(s) noted above.

QUESTION 2

If you are receiving a pension from any NYS or NYC Retirement System, you may need to suspend your monthly benefit to be eligible for a membership in this System. We strongly urge you to contact that system to determine the impact any employment may have on your retirement benefit.

QUESTION 3

If you held a former membership in a NYS or NYC public retirement system, you may be eligible for reinstatement to an earlier date of membership. By answering YES to question 3, we will review your eligibility for reinstatement and advise you accordingly. If you are reinstated to a Tier 1 or 2 membership, there will be no cost to you and you will no longer be required to make member contributions. However, if you are reinstated to a Tier 3-6 membership, there is a cost associated with the reinstatement. Once processing has been completed for your reinstatement to a Tier 3 or 4 membership, and if you meet the requirements noted below for Article 19*, you may then be eligible to have deductions stopped. We would notify your employer to stop withholding effective July 1 of the school year in which your payment was received in the system.

*Article 19 of the Laws of 2000 eliminates mandatory deductions for any Tier 3 and 4 members once the member has attained 10 years of service or 10 years of membership.

Generally, it is to your advantage to be reinstated to an earlier date of membership. However, there are situations where it may not be in your best interest to elect reinstatement. We urge you to contact NYSTRS at (800) 348-7298, Ext. 6250 to discuss the details of your reinstatement with a System representative.

Note: By checking YES you are electing tier reinstatement. A tier reinstatement election is irrevocable.

QUESTION 4

You may be eligible to receive prior service credit for New York State public service (full-time, part-time, or substitute work), including NYC, if such service was credited or would have been creditable in a New York State public retirement system. Visit our Web site at NYSTRS.org to obtain our claim and verification forms.

As a Tier 6 member, the following service is <u>not creditable</u> in our System:

- Out-of-state teaching service;
- Service for private or parochial schools, for the federal government or in armed forces dependent schools; or,
- ◆ Non-public service.

After the prior service has been verified and you have earned a minimum of two years of credit under this membership, you should contact us for the cost of purchasing any allowable service. The cost will be 6% of the salary received during the period of verified service plus 5% interest per year.

Credit cannot be allowed for any service for which you are now receiving a benefit or for which you will be eligible to receive a benefit from any other public retirement system, or the federal government.

Note: It is not necessary to check a box if all service was credited to a former membership AND you have elected tier reinstatement by checking box 3.

QUESTION 5

To initiate your claim for military service with this System, you will need to submit a copy of Form DD214, Armed Forces of the US Report of Transfer or Discharge.

If you do not have the DD214, contact:

National Personnel Records Center Military Personnel Records 1 Archives Drive St. Louis, Missouri 63138 Phone: (314) 801-0800

www.archives.gov/veterans/military-service-records