

**HASTINGS-ON-HUDSON
UNION FREE SCHOOL DISTRICT
27 Farragut Avenue
Hastings-on-Hudson, New York 10706
Phone: (914) 478-2900
www.hohschools.org**

RETIREMENT SYSTEM QUESTIONNAIRE FOR PART-TIME STAFF

DIRECTIONS: This form is to be completed by all part-time staff members upon initial employment in the school district

NAME: _____
(Please print name and include any previous surnames)

ARE YOU NOW, OR WERE YOU EVER A MEMBER OF EITHER THE NYSTATE TEACHERS' *OR* STATE EMPLOYEES' RETIREMENT SYSTEM? (You must check one) YES ____ NO ____

 **If YES, complete Part A below. If NO, complete Part B below.**

PART A

Retirement system to which you currently, or previously belonged: Teachers' ____ Employees' ____

Retirement Number: _____ Date of Membership: _____

Date of Birth: _____ Social Security Number: _____

Former School District(s) / Government Employer(s): _____

PART B

IMPORTANT INFORMATION: As a part-time staff member, you have the right to join the New York State Teachers' Retirement System (if you are a certified staff member) or the New York State Employees' Retirement System (if you are a Civil Service staff member). Joining a retirement system is generally *your option*. If you do choose to join, you must complete a retirement system membership application, which must be filed with the retirement system in order for your membership to become effective. If you do join, the law requires you to contribute 3% of your salary to the retirement system. The district will also contribute a larger sum on your behalf. By law, all staff members must contribute to Social Security, whether or not a retirement system is joined.

If you do not join the retirement system now, but you decide to join in the future through another school district or governmental agency with whom you are also employed, *you must notify us immediately*. Your failure to do so may result in your removal from employment and may also result in financial liability on your part.

If not a member of a retirement system, do you now desire to become one? YES () NO ()

Your signature below affirms that you completed this questionnaire accurately and that you understand the important information provided above.

Your Signature

Date