

HERMON-DEKALB CENTRAL SCHOOL

709 E. DeKalb Road

DeKalb Jct., NY 13630

I hereby acknowledge that I have been informed by **Hermon-DeKalb Central School**, my employer, I may, as a matter of right, join the **New York State Teachers' Retirement System** or **New York State Employees' Retirement System**. I further acknowledge that I understand under present law persons employed in full time positions on or after July, 1, 1976, must enroll. If I elect to join the New York State Teachers' Retirement System or New York State Employee's Retirement System as a less than full time employee, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute, a minimum of 3.0% of my salary to the Retirement System.

Signature

Date

I am currently or was previously a member of a **New York State Retirement System** on the Basis of Employment with New York State or any Public Entity in New York State.

Name of Retirement System (Employees', Teachers', Police and Fire) _____

Registration Number (if known) _____

Signature

Date