

RETIREMENT INFORMATION FOR NEW EMPLOYEES

(This form must be returned to the Human Resources Office within 10 days)

Employee Name: _____

COMPLETE THIS SECTION ***ONLY*** TO BECOME A MEMBER OF THE RETIREMENT SYSTEM:

I have been informed of the opportunity to become a member of the retirement system checked below:

New York State Teachers' Retirement System

New York State Employees' Retirement System

I understand that this choice is optional, if I am part-time, temporary or on an as-needed basis (mandatory if full-time).

I understand that there is a membership contribution required for such membership.

Retirement Application is Attached

OR

COMPLETE THIS SECTION ***ONLY*** IF CURRENT MEMBER OF RETIREMENT SYSTEM:

YES

TRS (Teachers' Retirement System)

ERS (Employees' Retirement System)

Retirement Registration #: _____ NYSLRS ID (ERS only): _____

Date of Membership: _____ Social Security Number: _____

Exempt from contribution: **YES** **NO**

I understand that even though I will be working on a temporary, substitute, or as-needed basis, the membership contribution will automatically be deducted from my pay, unless I am exempt. **I further understand that if I am a member of the ERS (Employees' Retirement System) and am working as a teacher or teacher assistant, I must either join or decline membership in TRS (Teachers' Retirement System).**

Signature of Employee

Date

SEE OTHER SIDE FOR ADDITIONAL OPTIONS



RETIREMENT INFORMATION FOR NEW EMPLOYEES CONT.

OR

COMPLETE THIS SECTION *ONLY* IF DECLINING MEMBERSHIP IN RETIREMENT SYSTEM:

I hereby decline membership in said retirement system at this time. *(May not decline if full-time).*

- New York State Teachers' Retirement System**
- New York State Employees' Retirement System**

A BOCES representative must witness the employee's signature in this declination box

Signature of Employee

Date

OR

COMPLETE THIS SECTION *ONLY* IF YOU ARE RETIRED FROM THE NEW YORK STATE RETIREMENT SYSTEM:

- TRS (*Teachers' Retirement System*)**
- ERS (*Employees' Retirement System*)**
- Other _____**

Date of Retirement