

**OPTIONAL RETIREMENT MEMBERSHIP FORM**

I hereby acknowledge that I have been informed by the Suffern Central School District, my employer, that as an "employee" not currently a member of the New York State Teachers/Employees Retirement system, who is or will be rendering less than full-time service during the \_\_\_\_\_ school year, I may, as a matter of right, join the New York State Teachers/Employees Retirement System.

I further acknowledge that I understand under present law if I elect to join the New York State Teachers/Employees Retirement System, I must complete a RETIREMENT SYSTEM MEMBERSHIP APPLICATION which must be filed with the Retirement System in order to become effective.

As a result of joining the Retirement System, I will be required to contribute a percentage of my salary to said Retirement.

If I join the System, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the System with one year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age (depends on your Tier), or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I also understand that if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

**PLEASE SELECT ONE OF THE FOLLOWING:**

\_\_\_\_\_ *No, I do not wish to join the Retirement System at this time.*

\_\_\_\_\_ *Yes, I would like to apply for membership. I have been given a membership application. I understand that once membership is established, retirement contributions will be withheld from my paychecks when my application is properly filed.*

\_\_\_\_\_ **I AM A PRESENT MEMBER** of the New York State Teachers/Employees Retirement System.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*