

HASTINGS-ON-HUDSON PUBLIC SCHOOLS

27 Farragut Avenue

Hastings-on-Hudson, New York 10706

Phone: (914) 478-2900

www.hohschools.org



RETIREMENT SYSTEM QUESTIONNAIRE FOR FULL-TIME STAFF

DIRECTIONS: This form is to be completed by all full-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): _____

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PART B

IMPORTANT INFORMATION: As a full-time staff member, you are required by law 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). You must complete a retirement system membership application, which must be filed with the retirement system in order for your membership to become effective. The law requires you to contribute 3.5% of your salary to the retirement system. The district will also contribute a larger sum on your behalf. In addition to the retirement system deduction, you will also be required to contribute to Social Security.

Date of Birth: _____ Social Security Number: _____

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

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

Your Signature

Date