MAMARONECK UNION FREE SCHOOL DISTRICT

1000 W. Boston Post Road, Mamaroneck, NY 10543 Tel. 914-220-3048; Fax 914-220-3091

Employee Retirement Election Form

I hereby acknowledge that I have been informed by the Mamaroneck School District that as an employee not currently a member of the New York State Employee's Retirement System (ERS) who is or will be rendering less than full-time service. I may as a matter of right, join the New York State Employee's Retirement System.

I further acknowledge that I understand under present law, if I elect to join the New York State Employee's Retirement System, I must complete a ERS Retirement System Membership Application which must be filed with the ERS in order to be effective.

As a result of joining the ERS, I will be required to contribute, pursuant to Article 15 of the Retirement Social Security Law (RSSL), 3% TO 6.5% of my Salary to the NYS Employee's Retirement System

☐ Yes, I wish to join the NYS Employee's Retirement System

☐ No, I do not wish to join the NYS Employee's Retirement System

☐ I am already a member of the NYS Employee's Retirement System

Additionally, please indicate if you are currently an active participant, a retired participant or not applicable for all the following New York Public Retirement Systems below.

New York State Employees' Retirement	Active ☐	Retired ☐	N/A ☐
New York State Teachers' Retirement	Active ☐	Retired ☐	N/A ☐
New York State Police and Fire Retirement	Active ☐	Retired ☐	N/A ☐
New York City Employees' Retirement	Active ☐	Retired ☐	N/A ☐
New York City Teachers' Retirement	Active ☐	Retired ☐	N/A ☐
New York City Police Pension Fund	Active ☐	Retired ☐	N/A ☐
New York City Fire Department Pension Fund	Active ☐	Retired ☐	N/A ☐
New York City Board of Education Retirement	Active ☐	Retired ☐	N/A ☐

Signature:_____

Print Name:_____

Date:_____

PLEASE RETURN THIS FORM TO THE BUSINESS OFFICE