



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518) 486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYSLRS ID

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

Received Date

Social Security Number *

| | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|

Employees' Retirement System Membership Registration RS 5420

(Rev. 11/22)

| Plan | Tier | Rate | Date of Membership (mm/dd/yyyy) | | |
|------|------|------|---------------------------------|--|--|
| | | | | | |

| Registration Number | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| | | | | | | | |

Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

| | | | | |
|------------------------------|-----|----------------------------|-------|--|
| Employee's Last Name: | | First Name: | | Middle Initial: |
| Employee's Address: | Apt | City | State | Zip Code |
| Former Name: (if applicable) | | Date of Birth (mm/dd/yyyy) | | Sex |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X |

Are you receiving or about to receive a pension from a New York State or New York City public retirement system?

☐ Yes ☐ No

If yes, please indicate name of system: _____

Are you inactive or withdrawn from a New York State or New York City public retirement system?

☐ Yes ☐ No

If yes, please indicate name of system: _____

(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

| | | | | | | | | | | | | |
|---------------------|-----|------|--|---|------|--|--|--------------------------------------|----------------------|------------------------------------|---|--|
| Employer's Name: | | | | | | Employer's Telephone: | | | | | | |
| Employer's Address: | | | | | | Employer's Fax Number: | | | | | | |
| Job Code [1] | | | | Employee Classification | | | | <input type="checkbox"/> Regular [2] | | <input type="checkbox"/> Full Time | | |
| | | | | <input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem | | | | <input type="checkbox"/> Temporary | | <input type="checkbox"/> Part Time | | |
| Hire Date [3a] | | | Date of Full-Time Permanent Appointment [3b] | | | Location Code | | | Standard Workday [4] | | For State Agency Use Only – Agency Code | |
| Month | Day | Year | Month | Day | Year | | | | | | | |
| | | | | | | For a substitute, seasonal, on call or per diem employee, please check if he/she/they is working on the day the application is being submitted. <input type="checkbox"/> Yes | | | | | | |

Frequency of Payment

☐ Weekly ☐ Bi-Weekly ☐ Semi - Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other- Please Specify _____

Projected Annualized Wage [5]

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: _____ Date: _____

Employee's Telephone Number:

Employee's Email Address:

Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- **If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.**
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions - Field Explanation and information:

[1] Job Code– As the employer, you will need to reference our job code list at https://www.osc.state.ny.us/retire/retirement_online/job-codes.php to determine which job code is applicable to the employee's job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at https://www.osc.state.ny.us/retire/employers/employer_reporting_basics/emp-membership-basics/independent_vs_employee.php

[2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.

[3a] Hire Date is the first time the employee was hired for the job criteria entered.

[3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage

[4] Standard Workday – A standard workday (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on the Employer Retirement Online, you will need to select "Daily" for Work Period and then enter the standard work day in the standard day field.

[5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

| | |
|---|--|
| Hourly Employees 12 month Employee: \$ _____ X _____ X 260 = \$ _____ Hourly Standard Days Annual Rate Workday Worked Wage 10 month Employee: \$ _____ X _____ X 180 = \$ _____ Hourly Standard Days Annual Rate Workday Worked Wage | Daily Employees 12 month Employee: \$ _____ X 260 = \$ _____ Daily Days Annual Rate Worked Wage 10 month Employee: \$ _____ X 180 = \$ _____ Daily Days Annual Rate Worked Wage |
| Unit of Work Employees \$ _____ X _____ = _____ Unit Rate # of Events** Annual Wage **Estimated or Actual | Unit of Work Employee Example: Paid \$50 per Meeting \$ 50 X 12 Meetings = \$ 600 Unit Rate # of Events*** Annual Wage ***An estimate of the number of events is acceptable |

Note: Any questions regarding annualized wage, please contact the Retirement System.

*Social Security Disclosure Requirement

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.

Designation of Beneficiary with Contingent Beneficiaries

Please type or print clearly
in blue or black ink

Received Date

RS 5127
(Rev. 12/18)

NYSLRS ID

Social Security Number [last 4 digits]

XXX-XX-

Retirement System [check one]

Employees' Retirement System (ERS) ☐

Police and Fire' Retirement System (PFRS) ☐

**THIS FORM MUST BE SIGNED, NOTARIZED AND FILED WITH THE
RETIREMENT SYSTEM PRIOR TO YOUR DEATH TO BE EFFECTIVE.**

Member / Pensioner Information

Name: _____ Former Name: (if applicable) _____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

Employed by: _____ Employer Address: _____

IMPORTANT INFORMATION REGARDING THIS FORM

• If you find this form is not suited to the type of designation you prefer please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. If you wish to designate more beneficiaries than this form allows or to designate a Trust, Guardian-ship or payment under the Uniform Transfers to Minors Act please contact the Retirement System for the appropriate form.

• Attachments to your beneficiary form are **unacceptable**.

• New beneficiary forms filed will supersede any previous designation. Therefore, if you want to **add** or **delete** a beneficiary, for example a new child, you must include on the new form all beneficiaries you wish to designate.

• The same person or persons cannot be designated as both primary and contingent beneficiaries. We can make payment to a contingent beneficiary(ies) only if all primary beneficiary(ies) die before you do.

• If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. Your estate can be named as either primary or contingent beneficiary. However, if you name your estate as primary beneficiary, you may not name any contingent beneficiary.

• This form is for designating beneficiaries to receive your ordinary death or post retirement death benefit. You may not designate beneficiaries to receive accidental death benefits. The beneficiaries entitled to receive accidental death benefits are mandated by statute.

Make sure that you:

- Complete all required information.
- Sign and date the form.
- Have the form notarized, making sure the notary has entered his or her expiration date.
- Mail your completed form to:

New York State and Local Retirement System
110 State Street
Albany, NY 12244-0001

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide in-formation may result in the failure to pay benefits the way you prefer. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement Systems, Albany, NY 12244. For questions concerning this form, please call 1-866-805-0990 or 518-474-7736.

SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to sections 11, 31, 34 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Please go to the reverse side of this form to designate beneficiaries, sign and date the form and have the form notarized.



To the Comptroller of the State of New York:

Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive any ordinary death or post retirement death benefit payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

| | |
|--|--|
| Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address _____ | Address _____ |
| Relationship _____ Birth Date _____ | Relationship _____ Birth Date _____ |
| Phone Number _____ | Phone Number _____ |

| | |
|--|--|
| Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address _____ | Address _____ |
| Relationship _____ Birth Date _____ | Relationship _____ Birth Date _____ |
| Phone Number _____ | Phone Number _____ |

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, any ordinary death or post retirement death benefit payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. If I out-live these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name thereafter. I reserve the right to change this designation at any time.

| | |
|--|--|
| Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address _____ | Address _____ |
| Relationship _____ Birth Date _____ | Relationship _____ Birth Date _____ |
| Phone Number _____ | Phone Number _____ |

| | |
|--|--|
| Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address _____ | Address _____ |
| Relationship _____ Birth Date _____ | Relationship _____ Birth Date _____ |
| Phone Number _____ | Phone Number _____ |

This form must be signed, dated and notarized in order to be valid.

I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

Member / Pensioner Signature _____ Date _____

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____ On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.