Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

Article 15 Membership Registration
RS 5420

(Rev. 6/07)

IF YOUR MEMBERSHIP IS OPTIONAL, DO NOT COMPLETE OR SUBMIT THIS FORM UNLESS YOU DESIRE TO BECOME A MEMBER.
If your employment is on a part-time, temporary or provisional basis, or less than 12 months per year, membership is optional.

Instructions: Please complete in ink or type.
This form must be signed and notarized on reverse side.
Employee: Complete items 1–7 and reverse side.
Employer: Complete the Important Information box and Items 8–13.
FOR REGISTRATION NUMBER CALL: (518) 474-3081 or fax the application at (518) 486-4382.
This completed membership application must be mailed to the Retirement System for the membership to be effective.

Receipt Stamp
For ERS purposes only

IMPORTANT INFORMATION: Has this person been registered to membership by means of the telephone or fax registration system? ☐ Yes ☐ No (If yes, enter the information given to you in the boxes below.)

In order to complete the registration process this membership registration form must be received by the Retirement System.

Location Code	Plan Code	Group Code	Date of Membership Mo.	Day	Yr.	Arrears Code	Registration Number

To Be Completed by Employee (Also see reverse side)

Employee's Name Last | First | Middle Initial

1

Employee's Address Street and/or PO Box # | City | State | Zip Code + 4

2

3 Date of Birth Month | Day | Year — **Sex** M ☐ F ☐

***Social Security Number**

Maiden or Other Name Used

*Social Security Number Required (See Note at Bottom of Page)

Are you currently a member of **any other** public retirement system? ☐ YES ☐ NO

If yes, what is the name of the system? What REGISTRATION NUMBER (If Known)?

4

WARNING: If you are now a 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.

Have you ever been a member of the New York State Employees' Retirement System? ☐ YES ☐ NO

If yes, under what name? What REGISTRATION NUMBER (If Known)?

5

Are you receiving or are you about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in the State? ☐ YES ☐ NO

If yes, what is the name of the System? What REGISTRATION NUMBER or RETIREMENT NUMBER (If Known)?

6

List below all previous periods of employment with New York State or any New York State public entity (County, City, Town, Village, School District, Public Authority, or Special District). Include any military service. Attach additional sheets if required.

7 Name of Employer	Name of Dept. or Agency	Title of Position	From Mo.	Day	Year	To Mo.	Day	Year	Indicate If Permanent or Temporary, and Full or Part Time

To Be Completed by Employer

To be completed by present employer:
Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division, or Institution)

8

Employer's Address Street | City | County | State | Zip Code +4 | **Employer Telephone Number**

9 ( )

Payroll Title | **Employer Fax Number**

10 | **Indicate Length of Work Year** ☐ 10 Months ☐ 12 Months ☐ Seasonal | ( )

Enter the Date or Dates Relating to Employee's Present Position

11

Part-Time Employment: Date of First Appointment Month	Day	Year	Part-Time Employment: Date of Permanent Appointment Month	Day	Year	Full-Time Employment: Date of Temporary or Provisional Appointment Month	Day	Year	Full-Time Employment: Date of Permanent or Probationary Appointment Month	Day	Year

Frequency of Payment

12 Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly ☐
Semi-Monthly ☐ Bi-weekly ☐ Weekly ☐ Other ☐ If Other Specify_____

Basis of Compensation and Rate

13 Annual $_____ Daily $_____ Hourly $_____
Units of Work Performed $_____per_____ (Example: $50 per meeting or $10 per examination, etc.)

Maintenance Allowance (if any)

***NOTE:** 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. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

NOTE: In accordance with the Personal Privacy Protection 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 information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement System, Albany, NY 12244-0145; telephone number (518) 474-3524.

Important: If you find this form is not suited for 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. Beneficiaries' complete name, address, date of birth and relationship must be provided. Do *not* designate yourself. If additional space is needed you may enter two names on a line. **This is a legal document and, therefore, this form must not be altered.**

14 To the Comptroller of the State of New York. Designation of Primary Beneficiary(ies)

I hereby name the following as beneficiary(ies) to receive any death benefit payable on my behalf. I realize that, if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. 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 ☐ Male ☐ Female	Name ☐ Male ☐ Female
Birth Date Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other	Birth Date Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other
Address	Address
Name ☐ Male ☐ Female	Name ☐ Male ☐ Female
Birth Date Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other	Birth Date Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other
Address	Address

15 Designation of Contingent Beneficiary(ies)

If all the above named beneficiaries die before I do, any benefits payable on my behalf shall be paid to the following. I realize that, if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. 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. Furthermore, if I should out-live all these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name hereafter. I reserve the right to change the designation at any time.

Name ☐ Male ☐ Female	Name ☐ Male ☐ Female
Birth Date Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other	Birth Date Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other
Address	Address
Name ☐ Male ☐ Female	Name ☐ Male ☐ Female
Birth Date Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other	Birth Date Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other
Address	Address

16 If you were previously a member of any public retirement system in New York State you may be eligible for tier reinstatement. To apply for tier reinstatement, please complete this section.

FORMER MEMBERSHIP INFORMATION:

PLEASE CHECK THE APPROPRIATE FIRST FORMER RETIREMENT SYSTEM YOU WERE A MEMBER OF:

- ☐ New York State Teachers' Retirement System
- ☐ New York State and Local Employees' Retirement System
- ☐ New York State and Local Police and Fire Retirement System
- ☐ New York City Employees' Retirement System
- ☐ New York City Board of Education Retirement System
- ☐ New York City Teachers' Retirement System
- ☐ New York City Police Pension Fund
- ☐ New York City Fire Pension Fund

PLEASE COMPLETE THE FOLLOWING (if known):

Former Registration Number: _____ **Date of Membership:** _____

Former Name (if applicable): _____

Have you received credit for this former membership in any other retirement system? Yes_____ No_____

If Yes, what Retirement System?_____

Are you receiving or eligible to receive a retirement benefit based on this service? Yes_____ No_____

Signature_____ Date _____

17 IMPORTANT: You must sign and enter date below to affirm Retirement System membership, and beneficiary designation.

I have made my Designation of Beneficiary as shown above and acknowledge that my membership in the New York State and Local Employees' Retirement System is governed by the 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 3% deduction will be made from my salary or compensation for retirement contributions until such time that I have been a member of the Retirement System for ten years or have ten years of credited service.

_____
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.

_____
NOTARY PUBLIC (Please sign and affix stamp)

Notary Stamp

FOR OFFICE USE ONLY

Reviewed	Examined