

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

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Application for Service Retirement

RS 6037

(Rev. 2/05)

Proof of your date of birth is required before a benefit can be paid. If it is not immediately available, file this application now and submit proof as soon as possible. The delay in filing this document will delay payment of your allowance, including any advance payments.

THIS APPLICATION MUST BE ON FILE WITH THE RETIREMENT SYSTEM FOR AT LEAST 30 DAYS BUT NOT MORE THAN 90 DAYS BEFORE YOUR RETIREMENT CAN BECOME EFFECTIVE.

Items 1-13 MUST be completed. Please print plainly or type. The application must be signed and notarized on reverse side.

	1 1 7 71	11 9			
INFORMATION ABOUT YOU					
1. NAME		2. SOCIAL SECURITY NUMBER*			
3. ADDRESS		4. REGISTRATION NUMBER			
		5. DATE OF BIRTH			
6. TELEPHONE NUMBER: HOME (WORK ()	7. EFFECTIVE RETIREMENT DATE**			
*Social Security Number Required (see statem **The effective retirement date is the first day of subject to your approval, establish the earlie	of your retirement, not the last da	ay worked. If you do not choose an Effe	ective Retirement	Date, we will	
8. INFORMATION ABOUTYOUR PUBLIC E	MPI OYMENT				
To the best of your ability, please complete	_	UBLIC EMPLOYMENT, including serv	vice IN THE ARN	ИED	
FORCES. AS THE RESULT OF LEGISLA					
AND PUBLIC EMPLOYMENT, WHICH PANY SUCH SERVICE AFTER YOUR RET					
EMPLOYER	Department	Title	SERV		
(Indicate whether State, County, City, Town,	or	of	3LNV	/ICL	
Village, etc.)	Agency	Position	FROM	то	
TIER REINSTATEMENT APPLICATION. be eligible to retire based on your previou					
FORMER MEMBERSHIP INFORMATION:					
PLEASE CHECK THE FIRST RETIREMEN		EMBER OF:			
New York State Teachers' Retirement System		☐ New York City Board of Ed		,	
New York State and Local Employees' Retire	 □ New York City Teachers' Retirement System □ New York City Police Pension Fund 				
New York State and Local Police and Fire ReNew York City Employees' Retirement Syste	☐ New York City Force Fension Fund ☐ New York City Fire Pension Fund				
		in the state of th	arr arra		
PLEASE COMPLETE THE FOLLOWING (i	*				
Former Registration Number:		Date of Membership:	l		
Former Name (if applicable):					
Have you received credit for this former m	embership in any other retire	ment system? Yes No			
If Yes, what Retirement System?					
Are you receiving or eligible to receive a r	etirement allowance based o	on this service? Yes No			

. OTHER PUBLIC RETIREMENT SYSTEM MEMBERSI	_			_	
Are you currently a member of another public retired	•		_	No 📙	
 Are you receiving or are you about to begin receiving 		•	rement system	on the basis of	of employment
with New York State or any public entity in the State	? Yes 🗌	No 🗌			
If Yes, what Retirement System		Registration	on Number		
I. BENEFICIARY/OPTION INFORMATION FOR ESTIMA your retirement option. You are required to make separate form, called a "Retirement Option Election sending you one to complete and return. We a informational purposes. It will ensure that the estim beneficiary. Please look for the option election form in request. We are not permitted by law to accept untime option which does not provide benefits to any benefic	Fyour option see Form." If you have asking for the nate, upon which the mail and makely option election	election, and to ve not filed a Re following inforn you make your se sure you comp	designate you tirement Option nation about you option selection blete it and return	ur option ber on Election Fo our intended b on, is based o urn it to us by the	neficiary on a orm, we will be beneficiary for on the correct ne date we will
Estimate Beneficiary Information:				1	
Beneficiary Name			Date of Birth	Gender (M/F)	Spouse (Y/N)
Item numbers 12 and 13 MUST b			·	e John Smith	
	nould sign their ow	n names, e.g. Jane	Smith, NOT Mr		r after the
PLEASE SIGN YOUR NAME IN FULL BELOW. Women start I hereby make application for Service Retirement.	nould sign their ow	n names, e.g. Jane this application	Smith, NOT Mr	ithdrawn on o	r after the
I hereby make application for Service Retirement. effective date of my retirement.	nould sign their ow	this application Signatu	e Smith, NOT Mr	ithdrawn on o	r after the
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I hereby make application for Service Retirement. effective date of my retirement. THIS ACKNOWLEDGEMENT MUST BE COMPLETED B State of day of in the year the basis of satisfactory evidence to be the individual(s) to me that he/she/they executed the same in his/her/th	YANOTARY PUI County o before whose name(s) ineir capacity(ies) ndividual(s) acte	signatu Signatu BLIC. f, per s (are) subscribed and that by his/	e Smith, NOT Mr may not be w re (Sign Name in gned, personall sonally known d to the within in her/their signat instrument.	y appeared to me or pronstrument and cure(s) on the i	oved to me on acknowledged

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Your paid public employment must cease at the time of your retirement. There are laws governing employment after retirement, and if you plan to be employed by or contract with a public employer, it is important for you to know about them. Failure to comply with these laws could result in the suspension or diminishment of your retirement allowance or termination of your retirement and reinstatement in the Retirement System as a new member.

Public employment is employment by, or contract with, the State of New York, one of its political subdivisions (county, city, town, village, school district) or some other public agency, such as a public authority. Employment by any other public employer located outside of New York State, employment by the Federal Government, or private employment does not need any approval and will in no way affect the retirement allowance paid to you by this Retirement System. Any questions concerning this most important matter should be directed to the New York State and Local Retirement System. By signing this application I hereby elect coverage under section 212 of the Retirement and Social Security Law, which permits me to earn from postretirement public service annual amounts which do not exceed the limit provided in such section, without a resulting suspension or reduction of my retirement allowance.

HEALTH INSURANCE INFORMATION

The Retirement System does not administer Health Insurance Benefits. Any questions regarding this issue should be directed to your last employer.

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 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 Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 474-7736 in the Albany area.

*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 Section 11, 34, 311 and 334 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.