

RETIREMENT INFORMATION FOR NEW EMPLOYEES
(This form must be returned to the Human Resources Office within 10 days)

COMPLETE THIS SECTION **ONLY** TO BECOME A MEMBER OF THE RETIREMENT SYSTEM:

I have been informed of the opportunity to become a member of the retirement system checked below:

- New York State Teachers' Retirement System
- New York State Employees' Retirement System

I understand that this choice is *optional*, and at my discretion. I understand that there is a 3% (ERS) or 3.5% (TRS) membership contribution required for such membership.

Retirement Application is Attached

-----OR-----

COMPLETE THIS SECTION **ONLY** IF CURRENT MEMBER OF RETIREMENT SYSTEM:

- YES
- TRS (Teachers' Retirement System)
- ERS (Employees' Retirement System)

Retirement Registration #: _____

Date of Membership: ____/____/____

Exempt from contribution? YES NO

I understand that even though I will be working on a temporary, substitute, or as-needed basis, the 3% or 3.5% membership contribution will automatically be deducted from my pay, unless I am exempt. I further understand that if I am a member of the ERS (Employees' Retirement System) and am working as a teacher or teacher assistant, I must either join or decline membership in TRS (Teachers' Retirement System).

Retirement Registration Number

Social Security Number

Signature of Employee

____/____/____
Date

-----OR-----

COMPLETE THIS SECTION ONLY IF DECLINING MEMBERSHIP IN RETIREMENT SYSTEM:

I hereby decline membership in said retirement system at this time.

- New York State Teachers' Retirement System
- New York State Employees' Retirement System

Signature of Employee

____/____/____
Date

Signature of Witness

____/____/____
Date

~ A BOCES representative must witness the employee's signature in this declination box ~