Print Form

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 Teachersô Retirement System

☐ New York State Employeesô 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 (Teachersô Retirement System)

☐ ERS (Employeesô 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 (Employeesô 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 Teachersô Retirement System

☐ New York State Employeesô Retirement System

_____ _____

Signature of Employee Date

_____ _____

Signature of Witness Date

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