

# RETIREMENT INFORMATION FOR NEW EMPLOYEES

(This form must be returned to the Human Resources Office within 10 days)

Employee Name: \_\_\_\_\_

## 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, if I am part-time, temporary or on an as-needed basis (mandatory if full-time).

I understand that there is a 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 #: \_\_\_\_\_

NYSLRS ID (ERS only): \_\_\_\_\_

Date of Membership: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Exempt from contribution: **YES** ☐ **NO** ☐

I understand that even though I will be working on a temporary, substitute, or as-needed basis, the 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).**

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ **SEE OTHER SIDE FOR ADDITIONAL OPTIONS** \_\_\_\_\_



## RETIREMENT INFORMATION FOR NEW EMPLOYEES CONT.

OR

### COMPLETE THIS SECTION **ONLY** IF DECLINING MEMBERSHIP IN RETIREMENT SYSTEM:

I hereby decline membership in said retirement system at this time. *(May not decline if full-time).*

☐ New York State Teachers' Retirement System

☐ New York State Employees' Retirement System

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

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

OR

### COMPLETE THIS SECTION **ONLY** IF YOU ARE RETIRED FROM THE NEW YORK STATE RETIREMENT SYSTEM:

☐ TRS (*Teachers' Retirement System*)

☐ ERS (*Employees' Retirement System*)

☐ Other \_\_\_\_\_

\_\_\_\_\_  
*Date of Retirement*