To Be Completed by Employee

To Be Completed by Present Employer

Annual Wage \$

Employees' Retirement System Membership Registration RS 5420

Part Time, Seasonal or on an Hourly, Daily or Unit of Work Basis. See the Chart on

Page Two for instructions.

(Rev. 8/16)

If your employment is on a part-time, temporary or provisional basis, or less than 12 months per year, membership is optional.

Instructions Employee: (FOR A REG	s: Please print of Complete items	s 1–3, 10–13 c UMBER: Call	or type. Ap on page 2 a 1-866-805	plication m and other ap i-0990 or (5	ust be s oplicable 18) 474-3	signed of section 3081. O	on las ns. Em er fax tl	t page ployer ne appl	Note Con	tariz mple on to	ation te iter	is n ns 4	o lo 9a. 6-43	nger 82.	req	uired		Re	eceipt r OSC i	Stam	
IMPORTAN	ted members IT INFORMATI tion system?	ON: Has this	person be		ed to mer	mbersh	ip by r	neans	of th	e tele	ephon	e or		effec	tive	•					
n order to c	omplete the re	gistration pro	cess this	membershi	p registr	ation fo	orm m	ust be	rece	ived	by the	e Re	etirer	nent	Sys	tem.	_				
Location	Code Re	port Plan Code	Group Code	Memb Mo. Da			er		Re	egistr	ration I	Num	ber	_		Rat	e				
Employee	e's Name l	_ast						First												Middl	e Initial
Employee	e's Address	Stree	et and/or	PO Box #			City						T ;	State	e ;	Zip C	Code +	4			
2							,												-		
3 Date o	f Birth	Sex		*Soc	ial Sec	urity N	lumb	er							Ma	iden	or Other Name Used				
Month [Day Year	M F																			
	ccordance with to the Retiremen	the Federal Pri																			
Employer	Name (Indica	te State, or, if	not, name	of public en	tity by wl	hich em	ployed	d and D	ера	rtme	nt, Div	/isio	n, or	Insti	tutio	n)					
4																					
Employer	r's Address	Street	City	Сог	ınty	Sta	te Z	ip Coc	le +	4						I	Emplo	yer Te	lephor	ne Nui	nber
5											-	_					()			
Payroll Title	e:		1							I							\				
6							In 10 Mo	dicate		_	n of V			ar Sea	eon:		mploy	er Fa	x Num	ber	
	Either Applie ted Official			*If accounta			/sician	, attori	ney,	engi	neer	or a	rchit	ect p	oleas	se su				as ind	icated
Enter the D	Date or Dates	Relating to	Employ	ee's Prese	nt Posi	ition:															
7	e of First App	Part-Time	Employn				nt	Full-Time Employ Date of Temporary or Provisional Appointment					-	yment Date of Permanent or Probationary Appointment							
Month	Day	Year	Month			Year		Mont			Day	-		Yea			Month		Day	-	Year
Frequency	of Payment:	:																			
8 ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Semi-Monthly ☐ Bi-weekly ☐ Weekly					☐ Monthly ☐ Other – Please Specify																
Basis of Co	ompensation	and Rate (Tier 1, 2,	3, 4 and 5	ONLY):	!															
9	Annual \$				Daily \$_				Но	urly	\$										·
	Units of Work	Performed	\$	pe	er				(Ex	kamp	ole: \$	50 p	er n	neeti	ing o	or \$1	0 per e	xamin	ation, e	etc.)	
3asis of C	ompensatior	and Rate (Tier 6 ON	NLY):																	

Na	ıme:			-								
Examples of Tier 6 annua	l wage for individuals	s paid at an H	ourly, D			t of W	ork b	asis	of co	nper	sation:	
	_ x x 260 = \$_		-			•				•		
Hourly Rate	Standard Days Workday* Worked	Annual Wage	12 mon	th Emp	oloyee:	\$	Daily R	ate	_ x 260 Days Worke	3	Annual Wage	
10 month Employee: \$ Hourly Rate	x x 180 = \$ Standard Days Workday* Worked	Annual Wage	10 mon	th Emp	oloyee:	\$	Daily R	ate	_ x 180 Days Worke	;	Annual Wage	
*Standard Workday (Hrs/day) (Apleight. A standard workday is the conformal example, if a bus driver works worked calculation.	denominator to be used for th	ne days worked ca	lculation; i	t is not	necess	arily th	e num	oer of h	ours the	e pers	on actually worke	
Unit of Work Employees			Examp	ole: Pa	id \$50	per M	eeting					
	= \$		1 -			-	_		- \$		600	
Unit Rate # of Eve	= \$ = \$ Annual V	Vage	Ψ	Init Rate	9		of Even	s***	– Ψ	Ann	600 ual Wage	
Estimated or Actual			*An	estima	te of th	ne num	ber of	events	is acce	eptable	•	
Note: Any questions regarding a	annual wage, please contac	t the Retirement	System.									
Are you currently an <i>active</i> or <i>v</i>	rested member of any other	er public retiremen	nt system	in New	/ York S	State?			☐ YE	ES	□ NO	
If yes, what is the name of the s	system?					F	REGIS	TRATIO	N NUN	/BER	(If Known)?	
10	•										,	
WARNING: If you are now an act the advantages of transferring you and may effect contribution cess	ur membership to this Syste	other public retirem. Failure to cont	ement sys act that sy	tem in østem o	New Yo	ork Stat ause lo	e, you ss of th	should ne privi	contac lege of	t that s transfe	system concernir erring membersh	
Are you receiving or are you about THE BASIS OF EMPLOYMENT				any re	tireme	nt syst	em on		☐ YE	:0	□ NO	
	Will New Tork State of any	y public entity in the	le State:			1.	25010	TD 4T1				
11							REGIS	IRAII	JN NUI	VIBER	(If Known)?	
Have you ever been a member	of the New York State Empl	oyees' Retiremen	t System?	?					☐ YE	S	□NO	
12							REGISTRATION NUMBER (If Known)?					
12												
List below all previous periods of Public Authority or Special Distric							ınty, C	ity, Tow	n, Villa	ge, Sc	hool District,	
40	From					То		Indic	ndicate If Permanen			
13 Name of Employer	Name of Dept. or Agency	Title of Position		Mo.	Day	Year	Mo.	Day	Year	or	Temporary, and Ill or Part Time	

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 maintaining these records is the Director of Member Services, New York State and Local Retirement System, Albany, NY 12244; telephone number 1-866-805-0990.

To Be Completed by the Employee

Name:	
Reinstatement to a former membership in acco	rdance with Section 645 (Tiers 3, 4, 5 and 6).
Note: Completion of this form does not constitute an application fo	r reinstatement.
Section 645 of the Retirement and Social Security Law allows members membership was terminated or withdrawn, to return to their former Tier or	
Members with a former Tier 3, 4, 5 or 6 membership in the New York Staprovided with the cost, if any, and procedures for reinstatement at a later	
Former Tier 3, 4, 5 or 6 members of any NYS public retirement system, complete the section below. We will provide you with the cost, if any, a	
Reinstatement to a former membership in acco	ordance with Section 645 (Tiers 1 and 2).
Members with a former Tier 1 or 2 membership in any New York public resection below.	etirement system may apply for reinstatement by completing the
Important Information:	
If you are not sure of your employer's current Tier 1 or 2 retirement plan, or if you have any questions regarding reinstatement you should contact	
If you are given Tier 1 or 2 status, your Tier 3, 4, 5 or 6 contributions are these contributions.	not refundable and you will not be able to take a loan against
If your date of membership will be before April 1, 1960, you may owe coin contributions for service before the date noted will result in a reduction	
FORMER MEMBERSHIP INFORMATION:	
PLEASE CHECK THE FIRST FORMER RETIREMENT SYSTEM YOU	J WERE A MEMBER OF:
☐ New York State Teachers' Retirement System	☐ New York City Board of Education Retirement System
☐ New York State and Local Employees' Retirement System	☐ New York City Teachers' Retirement System
☐ New York State and Local Police and Fire Retirement System	☐ New York City Police Pension Fund
☐ New York City Employees' Retirement System	☐ 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 retir	
If Yes, what retirement system?	
Are you receiving or eligible to receive a retirement benefit based on t	
Signature	

If you are eligible for a refund of contributions, the Retirement System is required to withhold 10% of the taxable amount of the refund for federal taxes unless you instruct us not to take the withholding.

If you do not want the Retirement System to withhold federal income tax from your payment, sign and date this election.

I DO NOT WANT TO HAVE FEDERAL INCOME TAX WITHHELD FROM MY PAYMENT.

Signed:	Date:
oigned	

Name:											
you have not already done so, please complete an RS5127 Designation of Beneficiary With Contingent Beneficiaries form to designate eneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary With Contingent Beneficiaries orm on file with this System, your Ordinary Death Benefit will become payable to your estate.											
WARNING: If you are receiving a pension from a public repension BEFORE signing this form. Failure to do so could											
IMPORTANT: You must sign and enter date below to affirm acknowledge that my membership in the New York State and Lef the Retirement and Social Security Law and that I am entitle will be made from my salary or compensation for retirement co	ocal Employed to all the be	es' Retirement S	stem is governed l								
Signature			_								
Date											
Sale											
Employee Telephone Number*			Employee E-Mail	Address*							
*Not Required											
FOR OFFICE USE ONLY		Reviewed			Examined						
	<u> </u>			L							