



New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

Fax Number (518)486-4382

Please type or print clearly
in blue or black ink

NYSLRS ID

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Social Security Number *

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Registration Number

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Received Date

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Employees' Retirement System Membership Registration

RS 5420

(Rev. 7/18)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

Part 1: Employee – Read information provided on page 2. Complete Part 1 and sign at the bottom of the form.

Employee's Name: (First, Middle Initial, Last)

Employee's Address: (Including Street, Apt No and/or PO Box, City, State and Zip Code)

Former Name: (if applicable)

Date of Birth (mm/dd/yyyy)

Gender

☐ M ☐ F

Are you receiving or about to receive a pension from a New York State or New York City public retirement system?

☐ Yes ☐ No

If yes, please indicate name of system: _____

Are you inactive or withdrawn from a New York State or New York City public retirement system?

☐ Yes ☐ No

If yes, please indicate name of system: _____

(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer's Name: (Indicate State, or name of public entity by which employed and Department, Division or Institution)

Employer's Address: (Including Street, City, State and Zip Code)

Employer's Telephone

Employer's Fax Number

Employee's Payroll Title (Job Code) [1]

***Hire Date**

Date of Full-Time Permanent Appointment

Employee Classification

Month	Day	Year	Month	Day	Year	12 Month ☐	10 Month ☐	12 Month Provisional ☐
						Seasonal ☐	Substitute ☐	On Call ☐
								Per Diem ☐

Regular ☐
Temporary ☐

Full Time ☐
Part Time ☐

Location Code

Report Code

For a Substitute, Seasonal, On Call or Per Diem employee, please check if he/she is working on the day the application is being submitted. ☐ Yes

Check if Either Applies

For State Agency Use Only

Elected Official ☐ Appointed Official ☐

Agency Code: _____

Frequency of Payment

Weekly ☐ Bi-Weekly ☐ Semi- Monthly ☐ Monthly ☐ Quarterly ☐ Semi- Annually ☐ Annually ☐ Other- Please Specify _____

Basis of Compensation and Rate

Annual \$ _____ Daily \$ _____ Hourly \$ _____ Units of Work Performed \$ _____ per _____ (Example: \$50 per meeting or per examination etc)

Projected Annualized Wage

[2] Tier 6 requires employers to determine the Annual Wage for individuals who work Part-Time, Seasonal or on an Hourly, Daily or Unit of Work Basis. See back of this page for examples.

Important: If your employee is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Signature: _____

Date: _____

Employee's Telephone Number:

Employee's Email Address:

Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- **If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and attach it with your membership registration application.**
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions

Field Explanation and information:

- (1) Employee Payroll Title – If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at www.osc.state.ny.us/retire.employers/classify_an_employee.php.
- (2) Projected Annual Wage- Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

Hourly Employees 12 month Employee X _____ X 260 = \$ _____ Hourly Standard Days Annual Rate Workday Worked Wage 10 month Employee: \$ _____ X _____ X 180 = \$ _____ Hourly Standard Days Annual Rate Workday Worked Wage	Daily Employees 12 month Employee: \$ _____ X _____ X 260 = \$ _____ Daily Standard Days Annual Rate Workday Worked Wage 10 month Employee: \$ _____ X _____ X 180 = \$ _____ Daily Standard Days Annual Rate Workday Worked Wage
Unit of Work Employees \$ _____ X _____ = _____ Unit Rate # of Events** Annual Wage **Estimated or Actual	Unit of Work Employee Example: Paid \$50 per Meeting \$ <u>50</u> X <u>12 Meetings</u> = \$ <u>600</u> Unit Rate #of Events*** Annual Wage ***An estimate of the number of events is acceptable

Note: Any questions regarding annual wage, please contact the Retirement System.

***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 Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

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 the 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 and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.