

OFFICE SERVICES ONLY



**NEW YORK STATE TEACHERS' RETIREMENT SYSTEM**  
 10 Corporate Woods Drive, Albany, NY 12211-2395

# APPLICATION FOR MEMBERSHIP

Please Provide All Requested Information

**PART 1 — TO BE COMPLETED BY APPLICANT**

Social Security Number

-   -

First Name

MI

Last Name

Street Address

Street Address

City

State

Zip Code

-

Home Telephone Number

(    )    -

Daytime Telephone Number (optional)

(    )    -

E-mail Address (optional)

Gender

Male

Female

Marital Status (optional)

Married

Single

Date of Birth

/

/

Month

Day

Year

Former Name

Last Name

**PART 2 — TO BE COMPLETED BY EMPLOYER** (Refer to Section 1 of the NYSTRS Employer Manual - [www.nystrs.org](http://www.nystrs.org))

Mandatory Membership

1

First date of full-time service

/

/

Month

Day

Year

OR

Optional Membership

2

The earlier of:

First of the month during which service was rendered on or after notarization of this application

/

/

Month

Day

Year

OR

First date of service for which 3% deductions began (**not payroll date**)

/

/

Month

Day

Year

LOCATION CODE

DISTRICT NAME

SIGNATURE OF AUTHORIZED OFFICIAL







As you complete this application, you are joining one of the largest public retirement systems in the United States. The System makes every effort to provide its members with the best possible service. Once we receive your membership application, we will send you an acknowledgement letter, permanent membership card, and a *Your First Look* pamphlet. We urge you to read the pamphlet or visit our Web site at [www.nystrs.org](http://www.nystrs.org) for more detailed information about your future benefits and the services we provide. We welcome you to the ranks of the more than 275,000 active members of the Retirement System and encourage you to become an informed member.

The New York State Teachers' Retirement System is required by the Education Law, Retirement and Social Security Law, and other laws to collect and maintain records containing personal information on its members. We collect only that information which is necessary to accurately and effectively provide you with the benefits to which you are entitled. This information is disclosed only where authorized by state or Federal law. Failure to provide all necessary information could result in the reduction in or loss of a benefit. If you have questions, you may contact the Freedom of Information Office at 10 Corporate Woods Drive, Albany, NY 12211-2395 or at [foil@nystrs.state.ny.us](mailto:foil@nystrs.state.ny.us).

**If you need assistance in completing Part 4 (*Designation of Beneficiary*) of this application, please call (800) 348-7298, Ext. 6130**

#### DESIGNATION OF BENEFICIARY

- ◆ If you wish to name more than three beneficiaries, please ask your school business office for an additional *Designation of Beneficiary* (NET-11.4) form to complete and submit with this application.
- ◆ If you wish to designate a custodian for a minor, a testamentary trust, an intervivos trust, or a corporation, please contact us for instructions to properly complete the designation at (800) 348-7298, Ext. 6130.
- ◆ For each beneficiary, be sure you have checked either primary or contingent.
- ◆ At least one beneficiary must be designated as primary.
- ◆ Contingent beneficiaries should be listed after the primary.
- ◆ Do not number beneficiaries.
- ◆ List all requested information for each beneficiary. For married women, use their given name (Mary Smith not Mrs. John Smith).
- ◆ An unborn child may not be named as a beneficiary.
- ◆ If you wish to name your estate as beneficiary, please write "MY ESTATE" on the beneficiary name line. We also suggest that you contact your tax advisor to determine if this designation is in your best interest.
- ◆ Percentage allocations for each category (primary or contingent) must equal 100%. Only whole number percentage designations are allowed.
- ◆ If your beneficiary election is deemed invalid, we will update your beneficiary as your estate until a valid election is filed.

#### DEATH BENEFIT ELECTION

Each new member of the Retirement System has death benefit coverage under Paragraph 2 of Section 606 of the Retirement and Social Security Law.

The Paragraph 2 death benefit is payable if death occurs while in active service. It provides one year's salary after a year of member service, increasing each year to a maximum of three years' salary after three or more years of member service. Upon reaching age 61, the benefit is reduced at the rate of 4% per year, but will not be reduced to less than 60% of the original benefit.

Paragraph 2 also provides a survivor benefit after retirement. The death benefit in effect at the time of retirement is reduced to 50% during the first year of retirement, 25% during your second year of retirement, and 10% of the benefit in effect at age 60 (or at retirement, if earlier than age 60) for the third and future years.

### **QUESTION 1**

If you have an active membership in one of the NYS public retirement systems shown below, you may be eligible to transfer that membership to this System. A transfer will bring all of your service credit, member contributions (if any) and original date of membership to your new Teachers' Retirement System membership.

**New York State public retirement systems from which a transfer of membership is possible:**

New York State and Local Employees' Retirement System (866-805-0990)  
New York City Teachers' Retirement System (888-869-2877)  
New York City Board of Education Retirement System (800-843-5575)  
New York City Employees' Retirement System (877-669-2377)  
New York State and Local Police and Fire Retirement System (866-805-0990)  
New York City Police Pension Fund (866-692-7733)  
FDNY Pension Bureau Fire Department (718-999-1189)

**To request a transfer, please obtain forms and instructions from the appropriate retirement system(s) noted above.**

### **QUESTION 2**

If you are receiving a pension from any public NYS retirement system, we strongly urge you to contact that system to determine the impact any employment may have on your retirement benefit.

### **QUESTION 3**

If you held a previous membership in a New York State or New York City public retirement system, you may be eligible for reinstatement to an earlier date of membership. If you are reinstated to a Tier 1 or 2 membership, there will be no cost to you and you will not be required to continue making 3% member contributions. However, if you are reinstated to an earlier Tier 3 or 4 membership, there is a cost associated with the reinstatement. By answering **YES** to question 3, we will review your eligibility for reinstatement and advise you accordingly. If there is a cost and through reinstatement you will be eligible to have 3% deductions ceased (under Article 19\*), we will advise your employer to stop withholding effective July 1 of the school year in which payment is received.

\*Article 19 of the Laws of 2000, eliminates the 3% mandatory deduction for Tier 3 and 4 members once the member has attained 10 years of service or 10 years of participation.

**Note: By checking this box you are electing tier reinstatement. A tier reinstatement election is irrevocable.**

### **QUESTION 4**

You may be eligible to receive prior service credit for New York State public service (full-time, part-time, or substitute work), including NYC, if such service was credited or would have been creditable in a New York State public retirement system. Visit our Web site at [www.nystrs.org](http://www.nystrs.org) to obtain our claim and verification forms.

As a Tier 4 member, the following service is not creditable in our System:

- ◆ Out-of-state teaching service
- ◆ Service for private or parochial schools, for the Federal government or in armed forces dependent schools
- ◆ Non-public service

After the prior service has been verified and you have earned a minimum of two years of credit under this membership, you should contact us for the cost of purchasing any allowable service. The cost will be 3% of the salary received during the period of verified service plus 5% interest per year.

Credit cannot be allowed for any service for which you are now receiving a benefit or for which you will be eligible to receive a benefit from any other public retirement system, or the Federal government.

**Note: It is not necessary to check this box if all service was credited to a former membership AND you have elected tier reinstatement by checking box 3.**

### **QUESTION 5**

To initiate your claim for military service with this System, you will need to submit a copy of Form DD214, Armed Forces of the US Report of Transfer or Discharge.

If you do not have the DD214, you may be able to obtain it by contacting:

The National Personnel Records Center  
Military Personnel Records  
9700 Page Boulevard  
St. Louis, Missouri 63132