



# RETIREMENT INFORMATION REQUEST CERTIFIED EMPLOYEES

**Regional Support Center**  
131 Drumlin Court, Newark, NY 14513-1863

**Today's Date:** \_\_\_\_\_

You must complete this form and return it to the Payroll Office *prior to receiving your first paycheck*. We CANNOT process your first paycheck until we have this information.

<b>Name ▶</b> <small>(Please Print)</small>	
<b>Job Title ▶</b> <small>(Please Print)</small>	

Pursuant to Article 15 of the RSSL, all employees joining or rejoining the New York State Teachers' Retirement System (NYS TRS) on or after July 1, 1976 must contribute the current established percentage rate of their gross salary to the Teachers' Retirement System as partial funding of the retirement benefit.

<b>TYPE OF EMPLOYMENT</b>	
<b>check one ▼</b>	<i>REGARDLESS OF TYPE OF EMPLOYMENT: If you are already a member of the NYS Teachers' Retirement System, your membership number is required.</i>
	Full Time (1.0 FTE – membership mandatory)
	Part Time (Less than 1.0 FTE – membership optional; complete other side/attached acknowledgement form)
	Substitute (membership optional; complete other side/attached acknowledgement form)
	Temporary (membership mandatory in most cases, see Payroll Specialist)

<b>CURRENT STATUS</b>	
<b>check one ▼</b>	<i>Your membership number is REQUIRED where requested.</i>
	I am currently an ACTIVE member of the NYS Teachers' Retirement System.
	<i>Membership Number ▶</i>
	<i>Date Joined (month/day/year) ▶</i>
	I am currently RETIRED from NYS Teachers' or other public retirement system.
	<i>Membership Number ▶</i>
	<i>Retirement Date (month/day/year) ▶</i>
	I have already applied to the NYS Teachers' Retirement System
	<i>Date Applied ▶</i>
	<i>Place Applied Through ▶</i>
	I am not currently a member of the NYS Teachers' Retirement system. If membership is optional (see above), check one of the following:
	<i>I wish to join the NYS Teachers' Retirement System*</i>
	<i>I do NOT wish to join the NYS Teachers' Retirement System</i>

\* To join the NYS Teachers' Retirement System, you must complete the Membership Application. The Membership Application must be NOTARIZED to be valid!

**Contact Payroll (315) 332-7422 / 7416 for the Membership Application**

**OPTIONAL MEMBERSHIP  
Acknowledgement Form**

**The Wayne-Finger Lakes BOCES is required under Chapter 636 of the Laws of 1985 to inform you in writing of your right to join the Teachers' Retirement System.**

I hereby acknowledge that I have been informed that as a "teacher" not currently a member of the New York State Teachers' Retirement System who is or will be rendering less than full-time service for the school year, I may, as a matter of right, join the New York State Teachers' Retirement System. I further acknowledge that I understand under present law if I elect to join the New York State Teachers' Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System and pursuant to Article 15 of the RSSL, I will be required to contribute the current established percentage of my gross salary to the Retirement System.

If I join the System, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the System with one year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age 55 or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

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Signature

Date