NET-2 (5/21)

STRS

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM 10 Corporate Woods Drive, Albany, NY 12211-2395 (800) 348-7298 or (518) 447-2900; Membership Ext. 6190

**APPLICATION FOR MEMBERSHIP** 

Please Provide All Requested Information

OFFICE SERVICES ONLY

PART 1 — TO BE COMPLETED BY APPLICANT								
Social Security Number EmpliD	_							
First Name MI Last Name								
Street Address								
Street Address								
City Sta								
( ) )	] I Other							
Email Address								
	of Birth							
Former Name Mont	h Day Year							
PART 2 — TO BE COMPLETED BY EMPLOYER (Refer to Section 1 of the NYSTRS	Employer Manual at NYSTRS ora)							
Mandatory Membership	Membership in NYSTRS is restricted to teachers as defined by Section 501-4 of							
1   First date of full-time service	the Education Law. Teachers must be in "UNCLASSIFIED SERVICE" pursuant to							
Month Day Year	Section 35 of the Civil Service Law. (As not							
	all "unclassified" positions are reportable to NYSTRS, please contact the State Education							
	Department for guidance if necessary.)							
2 The earliest month in which: A. Both service was rendered and	Note: In cases that are not clear to either							
the application was notarized	Civil Service or the State Education							
(Service can be rendered after	Department, the Retirement Board shall determine whether a person is a teacher as							
the month of notarization.) Month Day Year <b>OR</b>	defined by law.							
B. Member contributions were taken.	My signature certifies this employee							
LOCATION CODE:	is eligible for NYSTRS membership as determined by Civil Service or the State							
	Education Department.							
1) PER DIEM SUB <u>OR</u> 2) CURRENT YEAR EARNINGS:	SIGNATURE OF AUTHORIZED OFFICIAL							
I) PER DIEM SUB         OR         2) CURRENT YEAR EARNINGS:           \$         \$         \$	SIGNATURE OF AUTHORIZED OFFICIAL							

# PART 3 — TO BE COMPLETED BY APPLICANT

# \* SIX IMPORTANT QUESTIONS \*

You are responsible for ensuring your records are complete and accurate. Failure to provide any of the following necessary information could result in the loss of or reduction in a future benefit.

### For an explanation of questions 1-5, see page 6.

1.	<ol> <li>Are you now a member of another New York State (NYS) or New York City (NYC) public retirement system? If YES, carefully read page 6, Question 1 for further information.</li> <li>Name of Retirement System:</li> </ol>										
2.	Are you receiving a pension (monthly benefit) from another NYS or NYC YES NO public retirement system? If YES, is it a disability pension?										
lf	YES, provide the information below and then refer to page 6 for important membership eligibility information. Name of Retirement System:										
	Retirement Number:										
3.	<ul> <li>If you have a former, inactive membership with any NYS or NYC public retirement system that qualifies you to be reinstated, do you elect reinstatement? This election is irrevocable.</li> <li>If YES, in what system was your former service credited: Name of Retirement System:</li> </ul>										
	System Membership or Registration #:										
4.	Do you wish to claim previous NYS or NYC public employment or public teaching service not included in question 3?										
5.	Have you ever served in the armed forces of the United States?										
6.	Are you currently an active member of the <b>Optional Retirement</b> Program (TIAA/VDCP)?       If YES, name the employer:										

Member Social Sec	urity Nu	mber																	
							—DES ETIRE	-	-	-			_		-	-	-	-	8
Name and Address of Beneficiary(ies)         Please review all information on pages 4-5 before completing this area.         Any changes made on this application must be initialed.																			
Check One: Primary Contingent																			
First Name		. <u> </u>	'			MI	Last I	Vame								 			
Street Address																			
Street Address																 1			
City											Stat	e	Zip	Cod	e	 			
																].	- [		
Date of Birth						l <u>l</u> 1ale						<u> </u>					Rela	tionshi	 p
					Γ			Bene	ticiary	''s Soc T	ial Se		у# Г		1			Spo	
Month Da	<b>/</b> _	Y	ear		Fei	male				-		-	-						
	,		Car															C	hild
																		] Ot	her
Name and Addre	ss of Ber	eficia	ıry(ie:	s)															
Check One:	F	Primary	у	Co	ontinge	ent													
First Name					/	MI	Last I	lame								 			
Street Address																<u> </u>			
Street Address			<del>, , , , , , , , , , , , , , , , , , , </del>		<u>т т</u>		<del></del>									 <u> </u>			
City											Stat	e	Zip	Cod	e	 _			
																-	-		
Date of Birth	—		1			\ale		Bene	ficiar	/'s Soc	ial Se	ecuri	ty #				Relat	tionshi <b>7</b>	
	/									٦_٢		٦.	Г	Τ				Spo	lse
Month Da	Ц	Ye	əar	·1	Fer	male												] CI	nild

								Me	mbe 	r Soci	al Sec	:urity	Num Ι Γ	ber			
Name and Addres	ss of Benef	iciary(ies	)								-		-				
Check One:	Prir	mary	Con	tingent													
First Name				MI	Las	<u>t Name</u>	<u>.</u>	 									
Street Address																	
Street Address																	
City		· · · ·						<u>Stat</u>	e	Zip (	Code	· · ·					
														]_			
Date of Birth				Male			<u> </u>	 						R	elatio	nship	)
Beneficiary's Social Security							ity #					Spou	se				
Month Day	/	Year			Ŧ											Chi	ld
																Oth	er

# I understand my designated beneficiary(ies) will receive the death benefit coverage authorized by Paragraph 2 of Section 606(a) of the Retirement and Social Security Law.

I direct the New York State Teachers' Retirement System, in the event of my death prior to retirement, to pay the death benefit and my contributions in one payment to the beneficiary(ies) listed above. If more than one beneficiary is listed, the share of any beneficiary who predeceases me will be equally shared by the surviving beneficiary(ies). I further direct that if I survive all designated primary beneficiaries, the benefit shall be paid in equal shares to the surviving contingent beneficiary(ies). If I should survive all designated beneficiaries, the amount of any death benefit shall be paid to my estate.

A portion of the death benefit coverage under Paragraph 2, Section 606(a) of the Retirement and Social Security Law may continue into retirement. The individuals listed above or on the most recently filed *Designation of Beneficiary* form are the beneficiary(ies) for this coverage.

Retirees suspending their pension and rejoining under Section 503.11 understand that any death benefit will be paid pursuant to Section 512(b)2 of the Education Law.

I certify that the information I provide on this application is correct. I understand that I must contribute between 3% to 6%, based on my earnings. If my death occurs prior to retirement or the termination of my membership, those contributions, with interest, will be paid to my designated beneficiary(ies) or my estate.

By filing this application, I claim any prior service for which I am eligible. I also understand that my address may be updated based on the submission of payroll data by my employer.

#### \*\* This form must be signed and acknowledged before a Notary Public in order to be valid \*\*

Signature of Applicant	Married women must use their given name (Mary Sn	nith not Mrs. John Si	mith)							
State of, County of		On this	day of	, 20						
before me the undersigned, personally appeare				,						
(Print Applicant's Name) personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.										
Signature of Notary:										
Printed Name of Notary:		Af	fix Stamp (include exp	piration date)						

## DESIGNATION OF BENEFICIARY

- If you wish to name more than three beneficiaries, please complete the Designation of Beneficiary For In-Service or Post Retirement Paragraph 2 Death Benefit (NET-11.4) form found on our website (NYSTRS.org) and submit with this application.
- If you wish to designate a custodian for a minor, a testamentary trust, an inter vivos trust, or a corporation, please contact us at (800) 348-7298, Ext. 6130 for instructions to properly complete the designation.
- 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 <u>all</u> 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 designation is deemed invalid, we will update your beneficiary as your estate until a valid designation 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. The benefit is reduced after age 60 by 4% per year, up to a maximum reduction of 40% at age 70. (Reductions begin at age 61; age is not rounded and the reduction is not prorated.)

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 the 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.

Once we receive your membership application, we will send you an acknowledgement letter. To learn more about your membership, we urge you to read *Your First Look at NYSTRS* and the *Active Members' Handbook*, which are available in the Library at NYSTRS.org.

NYSTRS is required by state and federal laws to collect personal information and maintain records to ensure an accurate calculation of any benefits that may be payable. This information is disclosed only where authorized by law. Failure to provide all necessary information may interfere with timely payment of benefits.

NYSTRS' Privacy Policy identifies and describes the types of information collected and how the information is used. The complete policy is available at: https://www.nystrs.org/Privacy-Policy. For questions regarding the policy, email communit@nystrs.org or write to NYSTRS, Attn: Public Information Office, 10 Corporate Woods Drive, Albany NY 12211-2395.

# QUESTION 1

If you have an active membership in one of the NYS or NYC public retirement systems shown below but are no longer working in a position reportable to that system, you may be eligible to transfer that membership to NYSTRS. A transfer will bring all of your service credit, member contributions (if any) and original date of membership to your new NYSTRS membership.

#### NYS/NYC 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 NYS or NYC Retirement System, you may need to suspend your monthly benefit to be eligible for a membership in this 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 former membership in a NYS or NYC public retirement system, you may be eligible for reinstatement to an earlier date of membership. By answering **YES** to question 3, we will review your eligibility for reinstatement and advise you accordingly. If you are reinstated to a Tier 1 or 2 membership, there will be no cost to you and you will no longer be required to make member contributions. However, if you are reinstated to a Tier 3-6 membership, there is a cost associated with the reinstatement. Once processing has been completed for your reinstatement to a Tier 3 or 4 membership, and if you meet the requirements noted below for Article 19\*, you may then be eligible to have deductions stopped. We would notify your employer to stop withholding effective **July 1 of the school year in which your payment was received in the system**.

\*Article 19 of the Laws of 2000 eliminates mandatory deductions for any Tier 3 and 4 members once the member has attained **10 years of service or 10 years of membership**.

Generally, it is to your advantage to be reinstated to an earlier date of membership. **However, there are situations where it may not be in your best interest to elect reinstatement.** We urge you to contact NYSTRS at (800) 348-7298, Ext. 6250 to discuss the details of your reinstatement with a System representative.

Note: By checking YES 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 NYSTRS.org to obtain our claim and verification forms.

As a Tier 6 member, the following service is <u>not creditable</u> in our System:

- Out-of-state teaching service;
- Service for private or parochial schools, for the federal government or in armed forces dependent schools; or,
- 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 6% 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 a 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, contact:

National Personnel Records Center Military Personnel Records 1 Archives Drive St. Louis, Missouri 63138 Phone: (314) 801-0800 www.archives.gov/veterans/military-service-records