

OFFICE SERVICES ONLY



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

ELECTION TO REINSTATE

FIRST NAME	M.I.	LAST	SOCIAL SECURITY NUMBER
STREET ADDRESS			EMPLID
CITY		STATE	ZIP CODE
WORK PHONE NUMBER		HOME PHONE NUMBER	
Is this address your PERMANENT address to be used by the System? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REINSTATEMENT INFORMATION:

<p>PLEASE CHECK ALL THAT APPLY:</p> <p>FORMER NYS PUBLIC RETIREMENT SYSTEM(S)</p> <p><input type="checkbox"/> New York State Teachers' Retirement System</p> <p><input type="checkbox"/> New York City Teachers' Retirement System</p> <p><input type="checkbox"/> New York State & Local Retirement System</p> <p><input type="checkbox"/> Other: _____</p>	<p>DATES OF SERVICE</p> <hr/> <p>FORMER NAMES <i>(if applicable)</i></p> <hr/> <p>FORMER RETIREMENT SYSTEM NUMBER <i>(if known)</i></p>
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Is the service you are claiming credited in any NYS public retirement system?
 Yes No

If yes, name of system: _____

I am a current member of the New York State Teachers' Retirement System. I hereby elect reinstatement to the earliest date of membership in accordance with Sections 645 or 646 of the Retirement and Social Security Law.

I certify I have reviewed the Important Reinstatement Information provided on the reverse side of this election explaining the consequences of changing membership dates and the effects it may have on my future benefits.

This election must be signed and notarized in order to be valid.

Signature of Applicant	Married women must use their given name (Mary Smith not Mrs. John Smith)
State of _____ County of _____ On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, 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: _____ Expiration Date: _____	

**** IMPORTANT REINSTATEMENT INFORMATION ****
READ BEFORE ELECTION IS COMPLETED

If you are eligible for tier reinstatement and the service you are claiming is credited in any other NYS public retirement system, your date of membership may be changed but service credit will not be granted. You cannot receive a duplicate benefit for the same service.

Any mail received by the System that is forwarded by “Certified Mail” or “Registered Mail” will be considered to be received as of the same day it is mailed.

The election to reinstate is *irrevocable*.

Generally, it is to your advantage to be reinstated to an earlier date of membership within the same tier or to a prior tier. **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.

Information to be considered:

- ▶ Reinstatement to an earlier tier may change:
 - the eligibility requirements for retirement benefits;
 - the calculation of the retirement benefit you may receive in the future;
 - the eligibility for death benefit coverage; or,
 - the calculation of the death benefit your beneficiary may be entitled to receive.
- ▶ Current Tier 3 or 4 members who are eligible for reinstatement to a Tier 1 or 2 date of membership must fully repay and satisfy any outstanding loan. Full payment must be received before processing can begin or before your date of retirement, whichever is earlier.
- ▶ Tier 3 and 4 required contributions *cannot* be refunded under this legislation.
- ▶ Tier 3 or 4 members who are reinstated to Tier 1 or 2 and have previously purchased prior service will have their prior service payments refunded with 5% interest.