NET-2 (12/16)

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

OFFICE SERVICES ONLY

APPLICATION FOR MEMBERSHIP

Please Provide All Requested Information

PART 1 — TO BE COMPLETED BY APPLICANT

Social Security Number ___ - __ - ____

EmplID #

First Name

MI

Last Name

Street Address

Street Address

City

State

Zip Code ____ - ____

Phone Number (___) ___ - ____

☐ Home ☐ Cell ☐ Other

Email Address

Gender ☐ Male ☐ Female

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 at NYSTRS.org)

Mandatory Membership

1 First date of full-time service ___ / ___ / ____
Month Day Year

OR

Optional Membership

2 The earliest month in which:

A. Both service was rendered and the application was notarized (Service can be rendered after the month of notarization.) ___ / 0 1 / ____
Month Day Year

OR

B. Member contributions were taken.

LOCATION CODE:

1) PER DIEM SUB ☐ ***OR*** **2) CURRENT YEAR EARNINGS:** $ _____ . __

Membership in NYSTRS is restricted to teachers as defined by Section 501-4 of the Education Law. Teachers must be in "UNCLASSIFIED SERVICE" pursuant to 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.)

Note: In cases that are not clear to either Civil Service or the State Education Department, the Retirement Board shall determine whether a person is a teacher as defined by law.

My signature certifies this employee is eligible for NYSTRS membership as determined by Civil Service or the State Education Department.

SIGNATURE OF AUTHORIZED OFFICIAL

PART 3 — TO BE COMPLETED BY APPLICANT

NYSTRS SERVICE CREDIT

* 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. 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. ☐ YES ☐ NO

Name of Retirement System:

2. Are you receiving a pension (monthly benefit) from another NYS or NYC public retirement system? ☐ YES ☐ NO

If YES, is it a disability pension? ☐ YES ☐ NO

If YES, provide the information below and then refer to page 6 for important membership eligibility information.

Name of Retirement System:

Retirement Number:

3. 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.*** ☐ YES ☐ NO

If YES, in what system was your former service credited:

Name of Retirement System:

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? ☐ YES ☐ NO

5. Have you ever served in the armed forces of the United States? ☐ YES ☐ NO

6. Are you currently an active member of the **Optional Retirement Program (TIAA/VDCP)**? ☐ YES ☐ NO

If YES, name the employer:

Member Social Security Number

___ - __ - ____

PART 4 — DESIGNATION OF BENEFICIARY (NET-11.4)

*Please review all information on pages 4-5 before completing this area. Any changes made on this application **must** be initialed.*

Name and Address of Beneficiary(ies)

Check One: ☐ Primary ☐ Contingent

First Name | MI | Last Name

Street Address

Street Address

City | State | Zip Code

Date of Birth: Month / Day / Year

Male ☐ Female ☐

Beneficiary Social Security Number ___ - __ - ____

Relationship: ☐ Spouse ☐ Child ☐ Other

Name and Address of Beneficiary(ies)

Check One: ☐ Primary ☐ Contingent

First Name | MI | Last Name

Street Address

Street Address

City | State | Zip Code

Date of Birth: Month / Day / Year

Male ☐ Female ☐

Beneficiary Social Security Number ___ - __ - ____

Relationship: ☐ Spouse ☐ Child ☐ Other

Continued on Back

Member Social Security Number

___ - __ - ____

Name and Address of Beneficiary(ies)

Check One: ☐ Primary ☐ Contingent

First Name | MI | Last Name

Street Address

Street Address

City | State | Zip Code

Date of Birth: Month / Day / Year

Male ☐ Female ☐

Beneficiary Social Security Number ___ - __ - ____

Relationship: ☐ Spouse ☐ Child ☐ Other

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.

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 application 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:** _____

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 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 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 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 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; 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