ELECTION TO REINSTATE

REINSTATEMENT INFORMATION:

PLEASE CHECK ALL THAT APPLY:

FORMER NYS PUBLIC RETIREMENT SYSTEM(S)

☐ New York State Teachers’ Retirement System
☐ New York City Teachers’ Retirement System
☐ New York State & Local Retirement System
☐ Other: ____________________________________________________

DATES OF SERVICE

FORMER NAMES (if applicable)

FORMER RETIREMENT SYSTEM NUMBER (if known)

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 Section 645 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 form must be signed and acknowledged before a Notary Public in order to be valid **

Signature of Applicant

State of ______________________, County of ______________________ On this ______ day of ____________________, 20____

before me the undersigned, personally appeared ____________________________.

(personal name)

I, ____________________________, was 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: ________________________________________________________

Affix Stamp (include 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 3-6 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 3-6 required contributions cannot be refunded under this legislation.

► Tier 3-6 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.