



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

OFFICE SERVICES ONLY

APPLICATION FOR MEMBERSHIP

PLEASE PROVIDE ALL REQUESTED INFORMATION

PART 1 - TO BE COMPLETED BY APPLICANT

Social Security Number

Grid for Social Security Number (9 boxes)

Last Name

Grid for Last Name (24 boxes)

First Name

Grid for First Name (18 boxes)

MI

Grid for MI (2 boxes)

Street Address

Grid for Street Address (30 boxes)

Street Address

Grid for Street Address (30 boxes)

City

Grid for City (24 boxes)

State

Grid for State (2 boxes)

Zip Code

Grid for Zip Code (10 boxes with hyphen)

Home Telephone Number

Grid for Home Telephone Number (10 boxes)

Daytime Telephone Number (optional)

Grid for Daytime Telephone Number (10 boxes)

E-Mail Address (optional)

Grid for E-Mail Address (30 boxes)

Gender

Male

Female

Marital Status (Optional)

Grid for Marital Status (26 boxes)

Date of Birth

Grid for Date of Birth (8 boxes)

Former Name

Grid for Former Name (30 boxes)

PART 2 - TO BE COMPLETED BY EMPLOYER (Refer to Section 1 of the NYSTRS Employer Manual)

| | | |
|--|---|--------|
| <p>1 <input type="checkbox"/> Mandatory Membership</p> <p>First date of full-time service</p> <p>MM DD CCYY</p> <hr/> <p>OR</p> <p>Optional Membership</p> <p>The earlier of:</p> <p>2 <input type="checkbox"/> First of the month during which service was rendered on or after notarization of this application</p> <p>MM CCYY</p> <p>OR</p> <p><input type="checkbox"/> The first of the month during which 3% contributions were withheld and reported on the employer reports.</p> <p>MM CCYY</p> | DISTRICT NAME | |
| | LOCATION CODE | |
| | SIGNATURE OF AUTHORIZED SCHOOL OFFICIAL | |
| | REGISTERED BY | EMPLID |

Part 3 - to be completed by applicant

STRS SERVICE CREDIT

SIX IMPORTANT QUESTIONS

As a member, 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 5.**

1. Are you now a member of another New York State (NYS) or New York City (NYC) public retirement system? YES NO

Name of Retirement System: _____

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

Name of Retirement System: _____

Retirement Number: _____

3. If you have former membership service that qualifies you to be reinstated, do you elect reinstatement? 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? YES NO

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

6. Are you currently rendering service at a NYS University or Community College under the **Optional Retirement Program**? YES NO

If yes, name the college _____

| | | | | | | | | | |
|-------------------------------|--|--|---|--|--|---|--|--|--|
| Member Social Security Number | | | | | | | | | |
| | | | - | | | - | | | |

PART 4 - DESIGNATION OF BENEFICIARY

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

| Name and Address of Beneficiary(ies) | | Check One | | |
|--------------------------------------|---|------------------------------------|---|--|
| Name | Primary <input type="checkbox"/> Contingent <input type="checkbox"/> | Male <input type="checkbox"/> | Date of Birth | |
| Street Address | | Female <input type="checkbox"/> | Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| City, State, Zip | | Beneficiary Social Security Number | | |
| Name | Primary <input type="checkbox"/> Contingent <input type="checkbox"/> | Male <input type="checkbox"/> | Date of Birth | |
| Street Address | | Female <input type="checkbox"/> | Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| City, State, Zip | | Beneficiary Social Security Number | | |
| Name | Primary <input type="checkbox"/> Contingent <input type="checkbox"/> | Male <input type="checkbox"/> | Date of Birth | |
| Street Address | | Female <input type="checkbox"/> | Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| City, State, Zip | | Beneficiary Social Security Number | | |
| Name | Primary <input type="checkbox"/> Contingent <input type="checkbox"/> | Male <input type="checkbox"/> | Date of Birth | |
| Street Address | | Female <input type="checkbox"/> | Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| City, State, Zip | | Beneficiary Social Security Number | | |

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 3% of my public school teaching wages and 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.

Married women must use their given name (Mary Smith not Mrs. John Smith)

Signature of Applicant ➔

State of New York
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 of this application, please call
1-800-348-7298, Ext. 6130**

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. Upon reaching age 61, the benefit is reduced at the rate of four percent per year, but will not be reduced to less than sixty percent of the original benefit.

Paragraph 2 also provides a survivor benefit after retirement. The death benefit in effect at the time of retirement is reduced to fifty percent during the first year of retirement, twenty-five percent during your second year of retirement, and ten percent of the benefit in effect at age sixty (or at retirement, if earlier than age sixty) for the third and future years.

DESIGNATION OF BENEFICIARY

- ◆ **If you wish to designate a custodian for a minor, a testamentary trust, an intervivos trust, or a corporation, please contact us for instructions to properly complete the designation at 1-800-348-7298, Ext. 6130.**
- ◆ **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 list more than one beneficiary in each space**
- ◆ **Do not number beneficiaries**
- ◆ **If you wish to name more than four beneficiaries, please ask your school business office for additional designation of beneficiary forms to complete and submit with this application**
- ◆ **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 election is deemed invalid, we will update your beneficiary as your estate until a valid election is filed.**

As you complete this application, you are joining one of the largest public retirement systems in the United States. The System makes every effort to provide its members with the best possible service. Once we receive your membership application, we will send you an acknowledgement letter, permanent membership card, and a *Your First Look* pamphlet. We urge you to read the pamphlet for more detailed information about your future benefits and the services we provide. We welcome you to the ranks of the more than 254,000 active members of the Retirement System and encourage you to become an informed member.

The New York State Teachers' Retirement System is required by the Education Law, Retirement and Social Security Law, and other laws to collect and maintain records containing personal information on its members. We collect only that information which is necessary to accurately and effectively provide you with the benefits to which you are entitled. This information is disclosed only where authorized by state or Federal law. Failure to provide all necessary information could result in the reduction in or loss of a benefit. If you have questions, you may contact the Freedom of Information Officer at 10 Corporate Woods Drive, Albany, NY 12211-2395.

QUESTION 1

If you have an active membership in one of the NYS public retirement systems shown below, you may be eligible to transfer that membership to this System. A transfer will bring all of your service credit, member contributions (if any) and original date of membership to your new Teachers' Retirement System membership.

New York State 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 public NYS retirement 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 previous membership in a New York State or New York City public retirement system, you may be eligible for reinstatement to an earlier date of membership. If you are reinstated to a Tier 1 or 2 membership, there will be no cost to you and you will not be required to continue making 3% member contributions. However, if you are reinstated to an earlier Tier 3 or 4 membership, there is a cost associated with the reinstatement. By answering **YES** to question 3, we will review your eligibility for reinstatement and advise you accordingly. If there is a cost and through reinstatement you will be eligible to have 3% deductions ceased (under Article 19*), we will advise your employer to stop withholding effective July 1 of the school year in which payment is received.

*Article 19 of the Laws of 2000, eliminates the 3% mandatory deduction for Tier 3 and 4 members once the member has attained 10 years of service or 10 years of participation.

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 www.nystrs.org to obtain our claim and verification forms.

As a Tier 4 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
- ◆ Non-public service

After the prior service has been verified and you have earned a minimum of 2 years of credit under this membership, you should contact us for the cost of purchasing any allowable service. The cost will be 3% 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.

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, you may be able to obtain it by contacting:

The National Personnel Records Center
Military Personnel Records
9700 Page Boulevard
St. Louis, Missouri 63162

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