

Received Date

# Employees' Retirement System Membership Registration

## RS 5420

(Rev. 7/18)

Fax Number (518)486-4382

Please type or print clearly  
in blue or black ink

NYSLRS ID

NYSLRS ID

Social Security Number \*

123-45-6789

Registration Number

Registration Number

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		
Plan	Tier	Rat	01	01	0001

Part 1: Employee – Read information provided on page 2. Complete Part 1 and sign at the bottom of the form.

Employee's Name: (First, Middle Initial, Last) John Quincy Doe

Employee's Address: (Including Street, Apt No and/or PO Box, City, State and Zip Code)

123 Main St. Apt. 1 Anytown NY 12345

Former Name: (if applicable)

John Quincy Doe

Date of Birth (mm/dd/yyyy)

01 01 0001

Gender

☒ M ☐ F

Are you receiving or about to receive a pension from a New York State or New York City public retirement system?

☒ Yes ☐ No

If yes, please indicate name of system: If yes, what is the name of the system?

Are you inactive or withdrawn from a New York State or New York City public retirement system?

☒ Yes ☐ No

If yes, please indicate name of system: If yes, please indicate name of system

(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer's Name: (Indicate State, or name of public entity by which employed and Department, Division or Institution)

Employer Name (Indicate State, or, if not, name of public entity by

Employer's Address: (Including Street, City, State and Zip Code)

Employer's Address: (Including Street, City, State and Zip Code)

Employer's Telephone			Employer's Fax Number			Employee's Payroll Title (Job Code) [1]			
Employer Telephone			Employer Fax Number			Payroll Title			
*Hire Date			Date of Full-Time Permanent Appointment			Employee Classification			
Month	Day	Year	Month	Day	Year	12 Month <input type="checkbox"/>	10 Month <input type="checkbox"/>	12 Month Provisional <input type="checkbox"/>	
						Seasonal <input type="checkbox"/>	Substitute <input type="checkbox"/>	On Call <input type="checkbox"/>	Per Diem <input type="checkbox"/>
01	01	0001	01	01	0001	Regular <input checked="" type="checkbox"/>	Full Time <input checked="" type="checkbox"/>	Location Code	
For a Substitute, Seasonal, On Call or Per Diem employee, please check if he/she is working on the day the application is being submitted. <input checked="" type="checkbox"/> Yes						Temporary <input checked="" type="checkbox"/>	Part Time <input checked="" type="checkbox"/>	Report Code	
						Check if Either Applies		For State Agency Use Only	
						Elected Official <input type="checkbox"/> Appointed Official <input checked="" type="checkbox"/>		Agency Code:	

Frequency of Payment

Weekly ☐ Bi-Weekly ☐ Semi- Monthly ☐ Monthly ☐ Quarterly ☐ Semi- Annually ☐ Annually ☒ Other- Please Specify If other,

Basis of Compensation and Rate

Annual \$Annu Daily \$Dail Hourly \$Hourl Units of Work Performed \$Unit per per (Example: \$50 per meeting or per examination etc)

Projected Annualized Wage

Projected

[2] Tier 6 requires employers to determine the Annual Wage for individuals who work Part-Time, Seasonal or on an Hourly, Daily or Unit of Work Basis. See back of this page for examples.

Important: If your employee is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Signature: John Doe

Date: 01/01/0001

Employee's Telephone Number: 123-456-7890

Employee's Email Address: personal@email.com

## Part 1 – Employee Instructions

**Important:** If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

**Warning:** If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

### Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- **If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and attach it with your membership registration application.**
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

## Part 2 – Employer Instructions

**Field Explanation and information:**

- (1) Employee Payroll Title – If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at [www.osc.state.ny.us/retire.employers/classify\\_an\\_employee.php](http://www.osc.state.ny.us/retire.employers/classify_an_employee.php).
- (2) Projected Annual Wage- Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

<p><b>Hourly Employees</b></p> <p>12 month Employee      X _____ X 260 = \$ _____</p> <p>Hourly      Standard      Days      Annual</p> <p>Rate      Workday      Worked      Wage</p> <p>10 month Employee: \$ _____ X _____ X 180 = \$ _____</p> <p>Hourly      Standard      Days      Annual</p> <p>Rate      Workday      Worked      Wage</p>	<p><b>Daily Employees</b></p> <p>12 month Employee: \$ _____ X _____ X 260 = \$ _____</p> <p>Daily      Standard      Days      Annual</p> <p>Rate      Workday      Worked      Wage</p> <p>10 month Employee: \$ _____ X _____ X 180 = \$ _____</p> <p>Daily      Standard      Days      Annual</p> <p>Rate      Workday      Worked      Wage</p>
<p><b>Unit of Work Employees</b></p> <p>\$ _____ X _____ = _____</p> <p>Unit Rate      # of Events**      Annual Wage</p> <p>**Estimated or Actual</p>	<p><b>Unit of Work Employee Example: Paid \$50 per Meeting</b></p> <p>\$ <u>50</u> X <u>12 Meetings</u> = \$ <u>600</u></p> <p>Unit Rate      #of Events***      Annual Wage</p> <p>***An estimate of the number of events is acceptable</p>

**Note:** Any questions regarding annual wage, please contact the Retirement System.

**\*Social Security Disclosure Requirement**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

## Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.