PURSUANT TO CHAPTER 561 OF THE LAWS OF 2015

I request the transfer of my membership, reserves and accumulated contributions, if any, credited to me from the New York State Employees’ Retirement System to the New York State and Local Police and Fire Retirement System.

I understand that as a member of the New York State and Local Police and Fire Retirement System I will be covered by the provisions of Section 383-d of the Retirement and Social Security Law which permits retirement upon completion of 25 years of creditable service. I further understand that if I am a member of the agency police services and a sworn Police Officer in the State University of New York I am eligible to elect* coverage under Section 375-h, if such election is made by me by March 31, 2016.

*Note: Election forms will be sent upon request.

MEMBERSHIP TRANSFER

As a result of this transfer, your date of membership in the New York State and Local Police and Fire Retirement System will be the date your current Employees’ Retirement System membership began. Tiers will be adjusted as shown below:

- Employees Retirement System Tier 1 to Police and Fire Retirement System Tier 1
- Employees Retirement System Tiers 2, 3, 4 to Police and Fire Retirement System Tier 2
- Employees Retirement System Tier 5 to Police and Fire Retirement System Tier 5
- Employees Retirement System Tier 6 to Police and Fire Retirement System Tier 6

Instructions

Fill in (print) all requested information, sign the completed form, have it notarized, and mail the original copy to NYSLRS. For purposes of meeting the December 31, 2015 deadline set by Chapter 561 of the Laws of 2015, you may:

- Mail the original form by US Postal Service Certified mail, Return Receipt Requested. The form is considered filed on the date of mailing.
- Fax the form by the deadline to the Registration Unit at 1-518-486-4382. If faxed, the original form MUST be mailed to the address above in order for membership and transfer to be valid.
- Scan and email the form by the deadline to SunyPoliceRegistration@osc.state.ny.us. Forms sent electronically are considered filed on the date of the email provided confirmation of receipt is sent by NYSLRS.

The form is considered filed provided the original is received by NYSLRS at:

NYSLRS - Registrations Unit
110 State Street
Albany, New York 12244

For More Information:

Email us at SunyPoliceRegistration@osc.state.ny.us
or
Contact our Call Center toll-free at 1-866-805-0990 or 518-474-7736 in the Albany, New York area.
EMPLOYEE’S NAME
Last                                                            First
Middle Initial

EMPLOYEE’S ADDRESS
Street                                                        City                                    State                            Zip Code

EMPLOYED BY (INCLUDE DEPARTMENT OR DIVISION)

EMPLOYER ADDRESS
Street                                                        City                                    State                            Zip Code

PRESENT PAYROLL TITLE

BASIS OF COMPENSATION AND RATE
- Annual $_________  Daily $_________  Hourly $_________

FOR OFFICE USE ONLY

Location Code | Plan Code | Registration Number | Contribution Rate | Group Code | Date of Membership | DB | Arrears | Tier

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I request that my membership in the New York State & Local Employees’ Retirement System be transferred to the New York State and Local Police and Fire Retirement System, where I am registering or have previously registered as a member. I understand that this application to transfer is irrevocable.

_______________________________________________
Signature                                                      Date

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC:

State of __________________________ County of __________________

On this __________ day of ______________________, 20____, before me personally appeared ________________________ to me known and known to me to be the same person described in and who executed the foregoing instrument, and __ he duly acknowledged to me that __ he executed the same.

________________________________
Notary Public (Please Affix Stamp)

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.

SOCIAL SECURITY DISCLOSURE REQUIREMENT
In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Section 11, 34, 331 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.