



Public Retirement Program Election

(Please type or print)

Name: _____

Last four digits of SS#: _____

Phone#: _____

Name of Agency/Employer: _____

This form must be submitted to your agency's Office of Human Resources within 30 days of your initial date of appointment.

Having satisfied myself as to the desired retirement program available to me or pursuant to law in connection with my public employment within New York State, **I hereby elect to participate in the retirement program specified below (select one):**

Retirement System options for public (non-NYC) employees within NYS:

- New York State Employees' Retirement System (ERS)
- New York State Teachers' Retirement System (TRS)
- New York State Police & Fire Retirement System (PFRS)
- NYS Voluntary Defined Contribution Plan (VDC)

Retirement System options for public NYC employees:

- New York City Employees' Retirement System (NYCERS)
- Teachers' Retirement System of the City of New York (TRS NYC)
- Board of Education Retirement System of the City of New York (BERS)
- NYS Voluntary Defined Contribution Plan (VDC)

I am currently a member of _____, Member ID # _____
(Name of Public Retirement System within NYS)

I have been advised of my eligibility and elect to decline membership in a Retirement System at this time (only for non-mandatory positions).

Signature: _____

Date: _____
(mm/dd/yyyy)

Note: Upon timely receipt of your Retirement System Election, the Human Resources Office will provide instruction for any further forms or procedures required for enrollment.