



## NOTICE OF RIGHT TO MEMBERSHIP IN A PUBLIC RETIREMENT SYSTEM

The State of New York Unified Court System is a participating employer in the New York State and Local Retirement System (NYSLRS) and the New York State Voluntary Defined Contribution Program (NYS VDCP).

### NYSLRS

Membership is only optional for persons holding provisional, temporary, part-time or seasonal positions. For all other employees who are not eligible for NYS VDCP, or who do not elect to join the NYS VDCP, membership in NYSLRS is mandatory.

### NYS VDCP

Only employees hired after July 1, 2013, who are unrepresented and earn an annual salary of \$75,000 or more are eligible for the NYS VDCP. Membership is optional, however, an irrevocable decision must be made within 30 days from your date of appointment. Employees who are ineligible or do not elect to join VDCP are subject to the rules for NYSLRS as noted above.

If you wish to join either NYSLRS or NYS VDCP, you must file an application for membership and you will be required to contribute a percentage of your salary based on your annual wages. Applications for NYSLRS are available from your administrative office. If you have any questions regarding NYSLRS membership requirements, call the NYSLRS at (866) 805-0990 or (518) 474-7736. To enroll in NYS VDCP, visit their website at [www.vdc.ny.gov](http://www.vdc.ny.gov). For questions regarding the NYS VDCP, call Retirement@Work at (866)271-0960

## ACKNOWLEDGEMENT

I, \_\_\_\_\_ do hereby acknowledge receipt of notice of the  
(Employee Name)  
right to membership in a public retirement system.

I intend to join the New York State and Local Retirement System (NYSLRS)

If currently a member. Registration # \_\_\_\_\_

I do not intend to join the New York State and Local Retirement System (NYSLRS) (Must Select 1 Option Below)

I am currently collecting a NYS Pension as a Member of NYSLRS

Other i.e Temporary employee \_\_\_\_\_

I intend to join the Voluntary Defined Contribution Program

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Return signed form to:

OCA - Division of Financial Management  
Payroll Operations  
4 ESP, Suite 2001  
Albany, NY 12223

Email: [payroll@nycourts.gov](mailto:payroll@nycourts.gov)

A COPY OF THE SIGNED UCS-49 IS TO BE FILED IN THE EMPLOYEE'S PERSONNEL FOLDER