

Received Date
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## Employees' Retirement System Membership Registration RS 5420

(Rev. 04/26)

**NYSLRS ID**

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**Social Security Number \***

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

<b>Employee's First Name:</b>			<b>Middle Initial:</b>		<b>Last Name:</b>				
<b>Employee's Mailing Address:</b>				<b>Apt</b>	<b>City</b>		<b>State</b>	<b>Zip Code</b>	
<b>Former Name: (if applicable)</b>				<b>Date of Birth (mm/dd/yyyy)</b>			<b>Sex</b>		
							<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input checked="" type="checkbox"/> X
<b>Are you receiving or about to receive a pension from a New York State or New York City public retirement system?</b>								<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> New York State ERS / PFRS		<input type="checkbox"/> New York State Teachers' Retirement System		<input type="checkbox"/> New York State VDC / SUNY ORP		<input type="checkbox"/> New York State Employees' Retirement System		<input type="checkbox"/> New York City Board of Education Retirement System	
<input type="checkbox"/> New York City Teachers' Retirement System		<input type="checkbox"/> New York City Police Pension Fund		<input type="checkbox"/> New York City Fire Pension Fund					

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

<b>Employer's Name:</b>						<b>Employer's Telephone:</b>			
<b>Transaction</b> <input type="checkbox"/> Create Initial Record/Update Existing Record.									
<b>Request Type:</b> <input type="checkbox"/> Create New Empl Record, and leave existing record unchanged. (employee works more than one job simultaneously.)									
<b>Job Code [1]</b>			<b>Employee Classification</b>				<input type="checkbox"/> Regular [2]		<input type="checkbox"/> Full Time
			<input type="checkbox"/> 12 Month	<input type="checkbox"/> 10 Month	<input type="checkbox"/> 12 M Provisional	<input type="checkbox"/> On Call		<input type="checkbox"/> Part Time	
			<input type="checkbox"/> Seasonal	<input type="checkbox"/> Substitute	<input type="checkbox"/> Per Diem		<input type="checkbox"/> Temporary		
<b>Hire Date [3a]</b>		<b>Date of Full-Time Permanent Appointment [3b]</b>			<b>Location Code</b>		<b>Standard Workday [4]</b>	<b>For State Agency Use Only – Agency Code</b>	
Month	Day	Year	Month	Day	Year				
<b>For optional enrollees, please check they are working, are in paid status, and not terminated when this application is being received by NYSLRS.</b> <input type="checkbox"/> Yes									

**Frequency of Payment**

Weekly  
  Bi-Weekly  
  Semi - Monthly  
  Monthly  
  Quarterly  
  Semi - Annually  
  Annually  
  Other- Please Specify \_\_\_\_\_

<b>Projected Annualized Wage [5]</b>	Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.
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**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, you must sign and date below to affirm Retirement System Membership. Do not sign this application if you do not wish to join. Note: If you already joined with another participating employer for the same system and that membership is still active you are considered mandatory with all participating employers and this employment must be added to your account.**

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.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Employee's Telephone Number:</b>	<b>Employee's Email Address:</b>
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