

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:</b> (if applicable)		<b>Date of Birth</b> (mm/dd/yyyy)			<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 City Board of Education Retirement System		
<input type="checkbox"/> New York State Teachers' Retirement System			<input type="checkbox"/> New York City Teachers' Retirement System		
<input type="checkbox"/> New York State VDC / SUNY ORP			<input type="checkbox"/> New York City Police Pension Fund		
<input type="checkbox"/> New York City Employees' Retirement System			<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"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem				<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time		
<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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**Part 1 – Employee Instructions**

**Warning:** If you are receiving or are about to receive a pension from another New York State or New York City public retirement system (including SUNY ORP and NYS VDC), contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly at [PostRetirementReporting@osc.ny.gov](mailto:PostRetirementReporting@osc.ny.gov) 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 or New York City, 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 membership that was terminated or withdrawn, that you completed and submit the Tier Reinstatement Application, RS5506, as soon as possible.**
- 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 must complete a Request to Purchase Service Credit (Including any Military Service), RS5042 application.
- You are covered by the Death Benefit allowed by law for your tier and plan status. Once you are enrolled to membership, you can create a Retirement Online Account. Once logged in you will be able to Designate Beneficiaries for your Ordinary Death Benefit. If there is no Designation of Beneficiary with Contingent Beneficiaries form on file with this System, your Ordinary Death Benefit will become payable to your estate. In place of using Retirement Online, you may also use the Designation of Beneficiary form, RS5127, on our website, however, a notary is required when using the paper form.

**Part 2 – Employer Instructions - Field Explanation and information:**

**Inquiries for member enrollment must be directed to our [InternalRegistrationInquiries@osc.ny.gov](mailto:InternalRegistrationInquiries@osc.ny.gov) inbox.**

- [1] Job Code: As the employer, you will need to reference our job code list at [www.bit.ly/Job-Codes](http://www.bit.ly/Job-Codes) to determine which job code is applicable to the employee’s job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at (for more information, visit [www.bit.ly/Contactor-or-Consultant](http://www.bit.ly/Contactor-or-Consultant)).
- [2] Regular is the same as permanent regardless of probationary status. Temporary is anything other than regular.
- [3a] Hire Date: The first date worked in the position. The employee must be in paid status on the date listed.
- [3b] Date of Full-Time Permanent Appointment box must only be completed if the employee is appointed to a 12-month, full-time, regular (permanent) position earning at least the NYS minimum wage. If the person’s membership is not mandatory, leave the field blank.
- [4] Standard Work Day: A standard work day (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard work day is six and the maximum is eight. A standard work day is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the employee actually works. For example, if a bus driver works four hours a day, you must establish a standard work day between six and eight hours as the denominator for their days worked calculation.
- [5] Projected Annualized 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 = \$ _____                                            Hourly    Standard    Days    Annualized                                            Rate        Workday    Worked    Wage</p> <p>10 month Employee: \$ _____ X _____ X 180 = \$ _____                                            Hourly    Standard    Days    Annualized                                            Rate        Workday    Worked    Wage</p>	<p><b>Daily Employees</b></p> <p>12 month Employee: \$ _____ X 260 = \$ _____            Daily    Days    Annualized            Rate    Worked    Wage</p> <p>10 month Employee: \$ _____ X 180 = \$ _____            Daily    Days    Annualized            Rate    Worked    Wage</p>
<p><b>Unit of Work Employees</b></p> <p>\$ _____ X _____ = _____            Unit Rate                    # of Events**                    Annualized 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>            Unit Rate    # of Events***                    Annualized Wage</p> <p>***An estimate of the number of events is acceptable</p>

**Note:** Any questions regarding annualized wage, please contact the RetirementSystem.

**\*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 RetirementSystem.

**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 AlbanyArea.