



Fax Number (518)486-4382

Please type or print clearly  
in blue or black ink

NYSLRS ID

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Received Date
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Social Security Number \*

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# Employees' Retirement System Membership Registration

RS 5420

(Rev. 7/18)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

Registration Number					

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

**Employee's Name:** (First, Middle Initial, Last)

**Employee's Address:** (Including Street, Apt No and/or PO Box, City, State and Zip Code)

Former Name: (if applicable)	Date of Birth (mm/dd/yyyy)	Gender
		<input type="checkbox"/> M <input type="checkbox"/> F

Are you receiving or about to receive a pension from a New York State or New York City public retirement system?  Yes  No  
If yes, please indicate name of system: \_\_\_\_\_

Are you inactive or withdrawn from a New York State or New York City public retirement system?  Yes  No  
If yes, please indicate name of system: \_\_\_\_\_

(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')

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

**Employer's Name:** (Indicate State, or name of public entity by which employed and Department, Division or Institution)

**Employer's Address:** (Including Street, City, State and Zip Code)

Employer's Telephone	Employer's Fax Number	Employee's Payroll Title (Job Code) [1]

*Hire Date			Date of Full-Time Permanent Appointment			Employee Classification						
Month	Day	Year	Month	Day	Year	12 Month <input type="checkbox"/>	10 Month <input type="checkbox"/>	12 Month Provisional <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Substitute <input type="checkbox"/>	On Call <input type="checkbox"/>	Per Diem <input type="checkbox"/>
For a Substitute, Seasonal, On Call or Per Diem employee, please check if he/she is working on the day the application is being submitted. <input type="checkbox"/> Yes						Regular <input type="checkbox"/>	Full Time <input type="checkbox"/>	Location Code		Report Code		
						Temporary <input type="checkbox"/>	Part Time <input type="checkbox"/>					
						Check if Either Applies			For State Agency Use Only			
						Elected Official <input type="checkbox"/>	Appointed Official <input type="checkbox"/>	Agency Code:				

**Frequency of Payment**

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

**Basis of Compensation and Rate**

Annual \$ \_\_\_\_\_ Daily \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_ Units of Work Performed \$ \_\_\_\_\_ per \_\_\_\_\_ (Example: \$50 per meeting or per examination etc)

**Projected Annualized Wage** [2] Tier 6 requires employers to determine the Annual Wage for individuals who work Part-Time, Seasonal or on an Hourly, Daily or Unit of Work Basis. See back of this page for examples.

**Important: If your employee 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.**

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Telephone Number: \_\_\_\_\_ Employee's Email Address: \_\_\_\_\_

