

NYS Employee Retirement System

(for positions: clerical, aides, maintenance, food service, including part time and subs, etc)

I WISH to join the **Employees** Retirement System ____ (initial)
I DO NOT wish to join the **Employees** Retirement System ____ (initial) I
am already a member. Member number: _____ I am a
retired member # _____, collecting a pension

NYS Teachers Retirement System

(for positions: Certified, including part time, subs, etc.)

I WISH to join the **Teachers** Retirement System ____ (initial)
I DO NOT wish to join the **Teachers** Retirement System ____ (initial)
I am already a member. Member number: _____
I am a retired member # _____, collecting a pension

Voluntary Defined Contribution Plan

I wish to join the VDC ____ . I am hired after July 1, 2013,
I am employed in a non-unionized position & I am hired
at a salary that I anticipate will exceed \$75,000
I DO NOT wish to join the VDC _____

NYS Police and Fire Retirement System

____ Yes, I am a member ____ No, I am NOT a member
I am a retired member # _____, collecting a pension

NYC Employees Retirement System

____ Yes, I am a member ____ No, I am NOT a member
I am a retired member # _____, collecting a pension

NYC Teacher Retirement System

____ Yes, I am a member ____ No, I am NOT a member
I am a retired member # _____, collecting a pension

NYC Police Pension Fund

____ Yes, I am a member ____ No, I am NOT a member
I am a retired member # _____, collecting a pension

NYC Fire Department Pension

____ Yes, I am a member ____ No, I am NOT a member
I am a retired member # _____, collecting a pension

TRS and ERS Retirement Option Form

I hereby acknowledge that I have been
Informed by Dutchess County BOCES,
my Employer, that as an employee not
currently a member of the New York
State Retirement System who is or will be
rendering less than full-time service for
the school year, I may, as a matter of right,
join the NEW YORK STATE
RETIREMENT SYSTEM. I further
acknowledge that I understand under
present law if I elect to join the NEW YORK
STATE RETIREMENT SYSTEM, I must
complete a Retirement System membership
application, which must be filed with the
Retirement System in order to be effective.

(Please PRINT your name)

(Signature)

(Date)

(Phone Number)

(Your Hiring Position)

Social Security Number: _____

Verified by HR: _____