



Mail completed form to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



**Election of 20-Year Retirement Program  
Tier 2 or Tier 3 Members of the Rank of Captain or Above**

This is an election for Tier 2 or Tier 3 Correction members of the rank of Captain or above to participate in the Correction Captains 20-Year Retirement Program. In order to participate in this retirement program, you must be a Correction member of the rank of Captain or above in active service at the time of filing. Please read the conditions below and complete the requested information.  
**NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions regarding this program, please contact our Call Center at 347-643-3000.

|               |                      |                            |                            |
|---------------|----------------------|----------------------------|----------------------------|
| Member Number | Last 4 Digits of SSN | Home Phone Number<br>(   ) | Work Phone Number<br>(   ) |
| First Name    |                      | M.I.                       | Last Name                  |
| Address       |                      |                            | Apt. Number                |
| City          |                      | State                      | Zip Code                   |

**I understand that in order for this election to be valid pursuant to law:**

1. I must have become a NYC Correction member of the rank of Captain or above on or after August 4, 1993, **AND**
2. I must file this application within 90 days of becoming a NYC Correction member of the rank of Captain or above, **AND**
3. I must be in active service at the time of filing.

If you were an active member before August 4, 1993 you had the option of joining this program by filing this application by November 3, 1993; however, this option has expired.

**ONCE THIS APPLICATION IS RECEIVED BY NYCERS IT CANNOT BE REVOKED**

I hereby elect to participate in the 20-year Retirement Program for Correction Members in the rank of Captain or above, and to contribute to NYCERS for the right to retire under this program.

|                     |      |
|---------------------|------|
| Signature of Member | Date |
|---------------------|------|

**This form must be acknowledged before a Notary Public or Commissioner of Deeds**

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me the above named, \_\_\_\_\_, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds \_\_\_\_\_  
 Official Title \_\_\_\_\_  
 Expiration Date of Commission \_\_\_\_\_

If you have an official seal, affix it

**Sign this form and have it notarized**