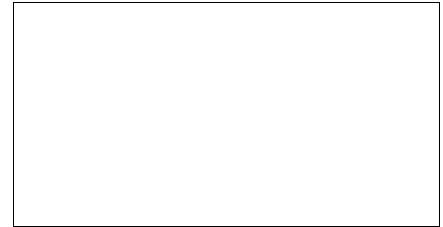




Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



**Election of Optional Dispatcher 25-Year Retirement Program
Tier 1, Tier 2 or Tier 4 Members**

This is an election for Tier 1 or Tier 4 members to participate in the Optional 25-Year Retirement Program for Dispatcher Members*, and for Tier 2 members to participate in the 25-Year Improved Benefit Program. In order to participate in this program, you must be a Dispatcher Member at the time of filing this application. 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 ()	Work Phone Number ()
First Name		M.I.	Last Name
Address			Apt. Number
City		State	Zip Code
Title			

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

1. Have become a Dispatcher Member after December 8, 2000, **AND**
2. File this application within 180 days of becoming a Dispatcher Member, **AND**
3. Be a Dispatcher Member at the time of filing.

If you were an active Dispatcher Member on December 8, 2000, you had the option of joining this program by filing this application by June 6, 2001, however, this option has since expired.

***Dispatcher Member:** A member of NYCERS who is employed by the City of New York as a Fire Alarm Dispatcher, a Supervising Fire Alarm Dispatcher, Level One and Level Two, Director of Dispatch Operations or Deputy Director of Dispatch Operations.

ONCE THIS ELECTION IS RECEIVED BY NYCERS IT CANNOT BE REVOKED

I hereby elect to participate in the Optional 25-Year Retirement Program (for Tier 1 and Tier 4 Dispatcher Members) or the Optional 25-Year Improved Benefit Retirement Program (for Tier 2 Dispatcher Members), and to contribute to NYCERS for the right to retire under the appropriate program.

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. If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Sign this form and have it notarized