



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



**Election of Sanitation 20-Year Plan  
For Tier 2 and Tier 4 Members Only**

This is an election for Tier 2 and Tier 4 Sanitation members who wish to participate in the 20-Year Sanitation Retirement Program. In order to participate in this retirement program, you must be 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 additional 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

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

1. I must have been a Tier 2 or Tier 4 member prior to July 26, 1992, **AND**
2. I must have later been employed in the uniformed-force of the New York City Department of Sanitatio, **AND**
3. I must file this election within 90 days of becoming an employee of the New York City Department of Sanitation, **AND**
4. I must be in active service.

If you were a Tier 2 or Tier 4 member employed by the NYC Department of Sanitation on July 26, 1992, you had the option of joining this program by filing this application within 90 days, however this option has since expired.

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

I, the undersigned, hereby elect to participate in the 20-Year Sanitation Retirement Program, 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.

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**