



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



**Membership/Tier Reinstatement**

This application is for any member who had a former membership with NYCERS or any other New York City or New York State public retirement system, and who now wants to apply to purchase reinstatement of that former membership status. If eligible, this reinstatement could change your Tier and membership date, and may affect your contribution rate and various retirement benefits. The FACT SHEET on Page 3 contains only brief explanations of the requirements and obligations associated with membership reinstatement. Complete details are available on NYCERS Membership Reinstatement brochure (#905) which you can obtain from our website or from any NYCERS representative. **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, please feel free to contact our Call Center at 347-643-3000.

**CURRENT INFORMATION**

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

**Former Member Information**

If you are applying for more than one former membership, please enter the information for each one separately - this form allows for up to three such entries. NYCERS will provide you with a cost letter for each entry.

**1. First Former Membership**

Name of Retirement System	Former Member Number (if known)
Dates of Service: From [MM/DD/YYYY]	To [MM/DD/YYYY]
/ /	/ /
Same Last Name as current information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please provide us the full name used during such membership	

**2. Second Former Membership**

Name of Retirement System	Former Member Number (if known)
Dates of Service: From [MM/DD/YYYY]	To [MM/DD/YYYY]
/ /	/ /
Same Last Name as current information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please provide us the full name used during such membership	

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Member Number	Last 4 Digits of SSN

**3. Third Former Membership**

Name of Retirement System	Former Member Number (if known)

Dates of Service: From [MM/DD/YYYY]  /  /

To [MM/DD/YYYY]  /  /

Same Last Name as current information?  Yes  No

If no, please provide us the full name used during such membership

**NYCERS must receive this application prior to your retirement date. If you have already filed your retirement papers, or will in the very near future, please provide your expected NYCERS retirement date here.**

[MM/DD/YYYY]  /  /

I understand that by signing this form, I am confirming that the information on this form, to the best of my knowledge, is correct.

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

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Member Number	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>

**MEMBERSHIP REINSTATEMENT FACT SHEET**

**Who Can Apply?**

Active members who previously lost membership rights with NYCERS or any other New York public retirement system may apply.

**Besides NYCERS, what are the other eligible retirement systems?**

NYC Teachers' Retirement System, NYC Board of Education Retirement System, NYC Police Pension Fund, NYC Fire Department Pension Fund, New York State Teachers' Retirement System, New York State and Local Retirement System, and the New York State and Local Police and Fire Retirement System.

**Can I change Tiers?**

Besides being reinstated to your previous membership, you may also be eligible to be reinstated to the original Tier.

**Will a reinstatement be beneficial to me?**

Generally, yes. However, some NYCERS plans require that a member have a specific type of service (such as Allowable or Qualifying) and a specific number of years of this type of service in order to qualify for retirement benefits. The reinstated service may not meet this requirement. Additionally, your death benefit election may change and could significantly impact your survivor's benefits. If you are not sure of the requirements in your plan, ask one of our representatives or download plan information from our website before you submit this application.

**What happens once I submit this application?**

NYCERS will send a letter acknowledging receipt of this application. Then NYCERS will calculate the amount of the payment necessary and notify you by mail of the amount due. You may only pay in a lump sum and the amount is due within 30 days of the date of the letter - otherwise the application will be cancelled. Cancellation does not preclude you from applying again at a later date, but NYCERS will have to supply a new calculation to bring the accruing interest charges up to date.

**I purchased this service under a buy-back. Will I get a refund of the buy-back amount if I am reinstated?**

Yes, after you pay for the reinstatement you will receive a refund for the previous service (buy-back) for the period of time on which your membership reinstatement is based. Your refund will include any interest that has accrued on that payment.

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