



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



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Opt Out Form - Police Communications Titles 25-Year Retirement Plan-Tier 4 and 6

This application is for Tier 4 and Tier 6 members employed in *Police Communications** titles who wish to opt out of the 25-Year Retirement Plan for 911 Communications Operators. In order to opt out of the 25-Year Plan for *Police Communications* titles, you must meet all the requirements outlined below. Please be sure to read all 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, please contact our Call Center at 347-643-3000.

*Members in a *Police Communications* title are defined as: employed by the New York City Police Department as a Police Communications Technician, Supervising Police Communications Technician, or Principal Police Communications Technician.

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			

ONCE THIS APPLICATION IS RECEIVED BY NYCERS IT CANNOT BE REVOKED

The election **NOT TO PARTICIPATE** in the 25-Year Retirement Plan for *Police Communications Members* is pursuant to Chapter 682 of the Laws of 2003.

I understand that in order for exemption from participation in this 25-Year Retirement Plan to be valid pursuant to said law:

I must:

1. Become a Police Communications member (employed by the New York City Police Department as a Police Communications Technician, Supervising Police Communications Technician, or Principal Police Communications Technician) after October 21, 2003,

AND

2. Be over 30 years of age upon employment as a *Police Communications* member,

AND

3. File this form electing **NOT TO PARTICIPATE** in the 25-Year Retirement Plan for *Police Communications* titles with NYCERS within 180 days of becoming a member in a *Police Communications* title.

Sign this form and have it notarized, Page 2

WALK-IN CENTER 340 Jay Street
Brooklyn, NY 11201
(347) 643-3000

Skip a Trip to NYCERS!
Activate your secure MyNYCERS account at
www.nycers.org

MAIL ONLY -- NO DROP-OFF 30-30 47th Avenue, 10th Floor
Long Island City, NY 11101



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 Long Island City, NY 11101

Member Number	Last 4 Digits of SSN

I, the undersigned, meet the conditions of this Opt Out and hereby elect **NOT TO PARTICIPATE** in the 25-Year Retirement Plan for Police Communications titles. I understand that this election is **IRREVOCABLE**.

I also understand that by electing not to participate in this plan, I will be mandated into the Age 57 Retirement Plan mandated by Chapter 96 of the Laws of 1995 if I am a Tier 4 member, or into the Tier 6 Basic Plan mandated by Chapter 18 of the Laws of 2012 if I am a Tier 6 member.

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, THIS PAGE