

# New York State Retirement

## 1) Who is eligible?

All employees working at CCE are eligible. If you are full time (non-exempt or exempt), you must enroll

## 2) Why is the Retirement Plan important?

- All time worked for an eligible organization, over the course of your career, counts towards retirement service credit.
- Benefits are determined based on when you enter the plan : Tier 1, 2, 3, 4, 5 or 6
- Benefits paid at retirement follow a formula that combines final average salary, years of retirement service credit, age when you take the retirement & Tier level.

## 3) Previous Service that is NYS Retirement eligible:

- Have you ever worked for an organization that is part of the New York State Retirement System?
- Have you declined the Retirement Package in the past?

**If so, you may be eligible to buy back time!**

### Contact NYSERS

(866) 805-0990  
110 State Street  
Albany, New York  
12244

[NYSERS website](#)

### Contact Benefit Services

East Hill Office  
Building, First Floor  
395 Pine Tree Road  
Ithaca, NY 14850  
(607) 255-3936

[benefits@cornell.edu](mailto:benefits@cornell.edu)

# Please fill out lines 1-3

Fill out this form when  
**entering or reentering**  
retirement system!



Office of the New York State Comptroller  
New York State and Local Retirement System  
Employees' Retirement System  
Police and Fire Retirement System  
110 State Street, Albany, New York 12244-0001

## Employees' Retirement System Membership Registration RS 5420

(Rev. 5/12)

If your employment is on a part-time, temporary or provisional basis, or less than 12 months per year, membership is optional.

**IF YOUR MEMBERSHIP IS OPTIONAL, DO NOT COMPLETE OR SUBMIT THIS FORM UNLESS YOU DESIRE TO BECOME A MEMBER.**

**Instructions:** Please print clearly in ink or type. **Application must be signed and notarized on last page.**

**Employee:** Complete items 1–3, 10–13 on page 2 and other applicable sections. **Employer:** Complete items 4–9a.

**FOR A REGISTRATION NUMBER:** Call 1-866-805-0990 or (518) 474-3081. Or fax the application to (518) 486-4382.

**This completed membership application must be mailed to the Retirement System for the membership to be effective.**

**IMPORTANT INFORMATION:** Has this person been registered to membership by means of the telephone or fax registration system?  Yes  No (If yes, enter the information given to you in the boxes below.)

**In order to complete the registration process this membership registration form must be received by the Retirement System.**

Location Code				Plan Code	Group Code	Date of Membership			Arrears Code	Registration Number				Rate
						Mo.	Day	Year						

**Receipt Stamp**  
For OSC use only

To Be Completed by Employee  
(Also see reverse side)

<b>Employee's Name</b> Last						<b>First</b>						<b>Middle Initial</b>				
<b>1</b>																
<b>Employee's Address</b>				<b>Street and/or PO Box #</b>				<b>City</b>			<b>State</b>	<b>Zip Code + 4</b>				
<b>2</b>																
<b>3 Date of Birth</b>			<b>Sex</b>		<b>*Social Security Number</b>						<b>Maiden or Other Name Used</b>					
Month	Day	Year	M	F												
			<input type="checkbox"/>	<input type="checkbox"/>												

\*NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 4</b>	<b>Tier 5</b>	<b>Tier 6</b>
<b>Membership Date</b>	Prior to July 1, 1973	Between July 1, 1973 & July 26, 1976	Between July 27, 1976 & Aug 31, 1983	Between Sept 1, 1983 & Dec 1, 2009	On or after Jan 1, 2010	On or after April 1, 2012
<b>100% Vested</b>	Immediately (may require 5 years of service)	After 5 years of retirement service credit	After 5 years of retirement service credit	After 5 years of retirement service credit	After 10 years of retirement service credit	After 10 years of retirement service credit
<b>Your Contribution</b>	None	None	3% of gross salary with less than 10 years of membership or service	3% of gross salary with less than 10 years of membership or service	3% of gross salary* for entire career  *Overtime pay capped at \$15,000 annually	3-6% of gross salary for entire career based on salary.  *Overtime capped at \$15,000 with annual adjustments
<b>Retirement Date</b>	Full benefits at age 55	Full benefits at age 62, or at age 55 with at least 30 years of credited service. Reduced benefits at age 55 w/out 30 years	Full benefits at age 62, or at age 55 with at least 30 years of credited service. Reduced benefits at age 55 w/out 30 years	Full benefits at age 62, or at age 55 with at least 30 years of credited service. Reduced benefits at age 55 w/out 30 years	Full benefits at age 62. Reduced benefits at age 55	Full benefits at age 63. Reduced benefits at age 55

# Waiving NYS Retirement

In order to opt out, you must

- Complete the Waiver Form

AND

- Complete the Survivor Benefit Form
  - the survivor benefit form designates beneficiaries for the complimentary life insurance that is available to all CCE employees and should be completed by everyone not electing NYS Retirement