

**WAIVER OF MEMBERSHIP IN
NEW YORK STATE EMPLOYEES' RETIREMENT SYSTEM
CONTRACT COLLEGES AND EXTENSION ASSOCIATIONS
CORNELL UNIVERSITY**

I hereby waive my right and privilege to participate as a member or otherwise in the New York State Employees' Retirement System. In exercising this waiver, I understand that:

1. As a part-time, temporary or seasonal employee on the payroll of the contract colleges at Cornell University, I am eligible to apply for membership in the New York State Employees' Retirement System.
2. As long as I continue as a part-time, temporary or seasonal employee, I will not be subject to the employee contribution obligation nor shall I be given retirement credit under said System.
3. I understand that my employment will be subject to Social Security taxes (FICA) and, as a result, I will receive Social Security credit relating to this employment.

In exercising this waiver, I hereby expressly release and relieve Cornell University from any and all liability or responsibility for providing retirement or beneficiary benefits for me or any other person in respect of my earnings to which I have hereby waived my rights.

Signature _____

Print Name _____

Social Security Number _____

Department _____

Dated: _____