

Police and Fire Membership Application

PF 5022

(Rev. 6/16)

Instructions: Please print clearly in ink or type.

Employee: Complete items 1–3, 12–14 on page 2 and other applicable sections. This form no longer requires a signature for membership purposes. **Employer:** Complete items 4–11a.

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

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.)

Receipt Stamp

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

To Be Completed by Employee (Also see reverse side)

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

*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 311 and 334 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.

To Be Completed by Present Employer

4 Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division or Institution)						Employer Telephone Number			
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5 Employer's Address (Include Street, City, County, State, Zip Code)						Employer Fax Number			
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6 Present Payroll Title:						Check if either applies:			
						<input type="checkbox"/> Appointed Official <input type="checkbox"/> Elected Official			

Enter the Information Relating to Employee's Present Position:

7 Date of First Employment			Employment Status – Check each box that applies to this Employee's position:					
Month	Day	Year	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	<input type="checkbox"/> Part-Time			
			<input type="checkbox"/> Provisional	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-Time			

8 Labor Contract Information	
Is this member covered by an (existing) unexpired collective bargaining agreement that was in effect on January 9, 2010, and was still in effect on the date of membership that requires you to offer a Special Plan Election? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide: Effective Date of Contract # _____ Termination Date of Contract # _____	
Member's Negotiating Unit/Labor Organization _____	

9 Contributory Status (you must check one):	
<input type="checkbox"/> Contributory	<input type="checkbox"/> Non-Contributory

Frequency of Payment:	
10 <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other – Please Specify _____	

Basis of Compensation and Rate (Tier 1, 2, 3 and 5 ONLY):

11 Annual \$ _____ Daily \$ _____ Hourly \$ _____	
Units of Work Performed \$ _____ per _____ (Example: \$50 per meeting or \$10 per examination, etc.)	

Basis of Compensation and Rate (Tier 6 ONLY):

11a Annual Wage \$ _____

Tier 6 requires employers to determine the Annual Wage for individuals who work Part Time, Seasonal or on an Hourly, Daily or Unit of Work Basis. See the Chart on Page Two for instructions.

Name: _____

If you have not already done so, please complete an RS5127 Designation of Beneficiary With Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary With Contingent Beneficiaries form on file with this System, your Ordinary Death Benefit will become payable to your estate.

Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

<p>Hourly Employees</p> <p>12 month Employee: \$ _____ x _____ x 260 = \$ _____ <small>Hourly Rate Standard Workday* Days Worked Annual Wage</small></p> <p>10 month Employee: \$ _____ x _____ x 180 = \$ _____ <small>Hourly Rate Standard Workday* Days Worked Annual Wage</small></p>	<p>Daily Employees</p> <p>12 month Employee: \$ _____ x 260 = \$ _____ <small>Daily Rate Days Worked Annual Wage</small></p> <p>10 month Employee: \$ _____ x 180 = \$ _____ <small>Daily Rate Days Worked Annual Wage</small></p>
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* Standard Workday (Hrs/day) (Applies to all Tiers): The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a police officer works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation.

<p>Unit of Work Employees</p> <p>\$ _____ x _____ = \$ _____ <small>Unit Rate # of Events** Annual Wage</small></p> <p>**Estimated or Actual</p>	<p>Example: Paid \$50 per Meeting</p> <p>\$ 50 x 12 = \$ 600 <small>Unit Rate # of Events*** Annual Wage</small></p> <p>***An estimate of the number of events is acceptable</p>
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To Be Completed by the Employee

Are you currently an **active** or **vested** member of **any other** public retirement system in New York State? YES NO

If yes, what is the name of the system? **12** _____

REGISTRATION NUMBER (If Known)? _____

WARNING: If you are now an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause the loss of the privilege of transferring membership and may effect contribution cessation dates.

Are you receiving or are you about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in the State? YES NO

13 _____

REGISTRATION NUMBER (If Known)? _____

Have you ever been a member of the New York State Police and Fire Retirement System? YES NO

14 _____

REGISTRATION NUMBER (If Known)? _____

If you were previously a member of any public retirement system in New York State, you may be eligible for reinstatement to an earlier tier or date of membership, however an earlier tier or date of membership does not always result in a better benefit. **Warning:** If you are not sure of your employer's current Tier 1 or 2 retirement plan, or if your date of membership in your former retirement system is between July 1, 2009 and January 8, 2010, you should contact the Retirement System before completing the section below. To apply for tier reinstatement, please complete this section.

FORMER MEMBERSHIP INFORMATION:

PLEASE CHECK THE APPROPRIATE FIRST FORMER RETIREMENT SYSTEM YOU WERE A MEMBER OF:

- | | |
|---|---|
| <input type="checkbox"/> New York State Teachers' Retirement System | <input type="checkbox"/> New York City Board of Education Retirement System |
| <input type="checkbox"/> New York State and Local Employees' Retirement System | <input type="checkbox"/> New York City Teachers' Retirement System |
| <input type="checkbox"/> New York State and Local Police and Fire Retirement System | <input type="checkbox"/> New York City Police Pension Fund |
| <input type="checkbox"/> New York City Employees' Retirement System | <input type="checkbox"/> New York City Fire Pension Fund |

PLEASE COMPLETE THE FOLLOWING (if known):

Former Registration Number: _____ Date of Membership: _____

Former Name (if applicable): _____

Have you received credit for this former membership in any other retirement system? YES NO

If Yes, what Retirement System _____

Are you receiving or eligible to receive a retirement allowance based on this service? YES NO

Signature _____ (Required for Tier Reinstatement Request Only)

Date _____

For Retirement System use only

Examined: _____ Reviewed: _____

NOTE: In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The Official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement Systems, Albany, NY 12244-0001; telephone number 1-866-805-0990.