



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

Election Form for 25 Year Retirement Plan Section 384

PF 5095

(Rev. 2/01)

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I hereby elect to contribute under the provisions of Section 384 of the Retirement and Social Security Law which permits retirement upon completion of 25 years of service as an officer or member of an organized Fire Department or organized Police Force or Police Department of any County, City, Town, Village, Fire District or Police District.

Registration No. _____

Social Security No.* _____

Location Code No. _____

Employer _____
 Indicate County, City, Town, Village, etc.

Mailing Address (Please Print)

Department _____

Name _____

Payroll Title _____

Address _____

Dates of Appointment to Above Title: ____ / ____ / ____

City _____ State _____ Zip Code+4 _____

Signature _____

Acknowledgement

State of _____
 County of _____ ss:
 On this ____ day of _____ 20____, appeared before me _____ to me personally known and known to be the individual described in and who executed the foregoing instrument, and ___he duly acknowledged to me that ___he executed the same.

This election to be completed only by firefighters, police or officers of Fire Departments or Police Departments. It must be filed within one year after becoming an officer or member, or within one year after the employer assumes all or part of the additional cost, which ever shall last occur. A member who adopts a benefit pursuant to this section may withdraw it only after it has been filed for at least one year.

IMPORTANT NOTICE: Every member participating on the basis of this section shall be separated from the service on the last day of the calendar month next succeeding the calendar month in which he or she attains age sixty-two.

*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 Section 11, 34, 311, and 334 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration for the Retirement System.

*In accordance with with the Personal Privacy 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; telephone number (518) 486-3134.

 Notary Public
 (Please Sign, Affix Stamp or Seal
 Include Expiration Date)

For Office Use Only

Rate _____