

Subsequent Employment of Active Police and Fire Retirement System Member

PF 5522

(11/16)

This is NOT an application to enroll a new member. This form is to be used ONLY for an Active Police and Fire Retirement System Member. Completion of this form is required to update member's employment history.

Instructions: Please print clearly in ink or type.

Employee: Complete items 1–3, 12–13 on page 2.

Employer: Complete items 4–11a.

Receipt Stamp For OSC use only

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

To Be Completed by Employee (Also see reverse side)

Employee's Name Last	First	Middle Initial
1		

Employee's Address Street and/or PO Box #	City	State	Zip Code + 4
2			

3 Date of Birth	Sex	*Social Security Number*	Maiden or Other Name Used
Month Day Year	M F		

* 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.

Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division or Institution)	Employer Telephone Number
4	()

Employer's Address (Include Street, City, County, State, Zip Code)	Employer Fax Number
5	()

Present Payroll Title:	Check if either applies:
6	<input type="checkbox"/> Appointed Official <input type="checkbox"/> Elected Official

To Be Completed by Present Employer

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 appointment 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
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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.)
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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: _____

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 = \$ _____ Hourly Standard Days Annual Wage Rate Workday* Worked</p> <p>10 month Employee: \$ _____ x _____ x 180 = \$ _____ Hourly Standard Days Annual Wage Rate Workday* Worked</p>	<p>Daily Employees</p> <p>12 month Employee: \$ _____ x 260 = \$ _____ Daily Rate Days Annual Wage Worked</p> <p>10 month Employee: \$ _____ x 180 = \$ _____ Daily Rate Days Annual Wage Worked</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 _____ = \$ _____ Unit Rate # of Events** Annual Wage</p> <p>**Estimated or Actual</p>	<p>Example: Paid \$50 per Meeting</p> <p>\$ 50 x 12 = \$ 600 Unit Rate # of Events*** Annual Wage</p> <p>***An estimate of the number of events is acceptable</p>
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Note: Any questions regarding annual wage, please contact the Retirement System.

To Be Completed by the Employee

Are you currently an active or vested member of any other public retirement system in New York State?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what is the name of the system?	REGISTRATION NUMBER (If Known)?
12	

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	REGISTRATION NUMBER (If Known)?
13	

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.