



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 Sheriffs, Undersheriffs, and Deputy Sheriffs 20 Year Additional 1/60 Retirement Plan Under Article 14-B, Section 553

**RS 5498**

(Rev. 3/11)

**This election to be completed only by Sheriffs, Undersheriffs, or Deputy Sheriffs directly engaged in criminal law enforcement 50 percent or more of the time, who are police officers under the criminal procedure act, and who are employed by a county which has elected to make these benefits available.**

**TO THE COMPTROLLER OF THE STATE OF NEW YORK:**

I hereby elect to contribute under the provisions of Section 553 of Article 14-B of the Retirement and Social Security Law, providing for an additional benefit of 1/60 of final average salary for each year of service after 20 years, with the total benefit not to exceed 75 percent of final average salary. I understand that this election must remain in effect for at least one year, and may not be withdrawn or modified during that one year period.

Employer \_\_\_\_\_ Registration No. \_\_\_\_\_  
 Payroll Title \_\_\_\_\_ Last 4 Digits of Social Security Number\* \_\_\_\_\_  
 Name (Please Print) \_\_\_\_\_ Address \_\_\_\_\_  
 Signature \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE: This election is not effective until it is received by the Retirement System.**

**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_  
 On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
 NOTARY PUBLIC (Please sign and affix stamp)

**SHERIFF'S CERTIFICATION FOR DEPUTY SHERIFFS:**

I, \_\_\_\_\_, the sheriff of \_\_\_\_\_ county, do hereby certify that \_\_\_\_\_, is employed as a Deputy Sheriff under my jurisdiction, that (s)he is engaged 50 percent or more of the time in criminal law enforcement activities, and is a police officer under the criminal procedure act.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SHERIFF

**PERSONAL PRIVACY PROTECTION LAW**

In accordance 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 and Employer Services, New York State and Local Retirement Systems, Albany, NY 12244; telephone number (518) 474-3524.

**\*SOCIAL SECURITY DISCLOSURE REQUIREMENT**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 31, 34 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.