

Subsequent Employment of Active Employees' Retirement System Member

RS 5520

(11/16)

This is NOT an application to enroll a new member. This form is to be used ONLY for an Active Employees' 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, 10–12 on page 2.

Employer: Complete items 4–9a.

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 <input type="checkbox"/> <input type="checkbox"/>		

*NOTE: 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 11, and 34 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

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

Employer's Address Street	City	County	State	Zip Code + 4	Employer Telephone Number
5					()

Payroll Title:		Indicate Length of Work Year	Employer Fax Number
		<input type="checkbox"/> 10 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Seasonal	()
Check if Either Applies		*If accountant, auditor, physician, attorney, engineer or architect please submit documentation as indicated at www.osc.state.ny.us/retire/employers/classify_an_employee.php	
<input type="checkbox"/> Appointed Official <input type="checkbox"/> Elected Official			

Enter the Date or Dates Relating to Employee's Present Position:

7 Part-Time Employment						Full-Time Employment					
Date of First Appointment			Date of Permanent Appointment			Date of Temporary or Provisional Appointment			Date of Permanent or Probationary Appointment		
Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year

8 Frequency of Payment:
<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, 4 and 5 ONLY):

9 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):

9a 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 = \$ _____ <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 worked. For example, if a bus driver 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 Meetings = \$ 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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Note: Any questions regarding annual wage, please contact the Retirement System.

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? 10	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 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	
11	REGISTRATION NUMBER (If Known)?

List below all previous periods of employment with New York State or any New York State public entity (County, City, Town, Village, School District, Public Authority or Special District). Include any military service. Attach additional sheets as required.

12 Name of Employer	Name of Dept. or Agency	Title of Position	From			To			Indicate If Permanent or Temporary, and Full or Part Time
			Mo.	Day	Year	Mo.	Day	Year	

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 System, Albany, NY 12244; telephone number 1-866-805-0990.

To Be Completed by the Employee