



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518) 486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYSLRS ID

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Received Date

Social Security Number *

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Employees' Retirement System Membership Registration

RS 5420

(Rev. 10/18)

| Plan | Tier | Rate | Date of Membership (mm/dd/yyyy) | | |
|------|------|------|---------------------------------|--|--|
| | | | | | |

| Registration Number | | | | | |
|---------------------|--|--|--|--|--|
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Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

| | | | | | |
|--|-----|----------------------------|--|---|-----------------|
| Employee's Last Name: | | First Name: | | | Middle Initial: |
| Employee's Address: | Apt | City | | State | Zip Code |
| Former Name: (if applicable) | | Date of Birth (mm/dd/yyyy) | | Gender | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____ | | | | | |
| Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____ | | | | | |
| (NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees') | | | | | |

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

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|---|-----|---|-------|-------------------------------------|------|---|---|---|---|---|--|--|--|--|
| Employer's Name: Levittown Schools | | | | Employer's Telephone: 516-434-7030 | | | | | | | | | | |
| Employer's Address: 150 Abbey Lane, Levittown, NY 11756 | | | | Employer's Fax Number: 516-520-8332 | | | | | | | | | | |
| Job Code [1] | | Employee Classification | | | | <input type="checkbox"/> Regular [2] <input type="checkbox"/> Full Time | | | | | | | | |
| | | <input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem | | | | <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time | | | | | | | | |
| Hire Date [3a] | | Date of Full-Time Permanent Appointment [3b] | | Location Code | | Standard Workday [4] | | For State Agency Use Only – Agency Code | | | | | | |
| Month | Day | Year | Month | Day | Year | 7 | 2 | 8 | 6 | 1 | | | | |
| For a substitute, seasonal, on call or per diem employee, please check if he/she is working on the day the application is being submitted. <input type="checkbox"/> Yes | | | | | | | | | | | | | | |

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| Frequency of Payment | |
| <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi - Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi- Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other- Please Specify _____ | |
| Projected Annualized Wage [5] | Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples. |

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.
 I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: _____ Date: _____

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|------------------------------|---------------------------|
| Employee's Telephone Number: | Employee's Email Address: |
|------------------------------|---------------------------|