

Putnam/Northern Westchester
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
200 BOCES Drive, Yorktown Heights, NY 10598-4399
(914) 245-2700

**T
R
S

***This form is for all certificated staff members. Enrollment is mandatory for full time, contractual, or employees paid on a per annum basis unless the employee meets the requirements of the Voluntary Defined Contribution Plan (VDC). Membership is optional for all others.**

I hereby acknowledge that I have been informed by Putnam/Northern Westchester BOCES, my employer, that as a "teacher" not currently a member of the NYS Teachers' Retirement System (NYSTRS), who is or will be rendering service for the _____ school year, I may, as a matter of right, join the NYSTRS. I further acknowledge that I understand, under present law, if I join the NYSTRS, I must complete a retirement system application, which must be filed with the Retirement System in order to be effective.

As a result of joining the Retirement System, I will be required to contribute, pursuant to the Retirement and Social Security Law (RSSL), three (3) to six (6) percent of my salary to the Retirement System depending on my annual salary.

If I join the System, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the System with one year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension or a disability pension if I become permanently and totally disabled from gainful employment.

I understand by declining membership, I am waiving the rights granted by my collective bargaining agreement. Notably, but not exclusively, those provisions concerning 'Retirement Allowance' and 'Health Insurance' (Receipt of Retiree Benefits) will be adversely affected by not joining the System.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

Please select one of the choices below:

1. I hereby elect to join the NYS Teachers' Retirement System (NYSTRS)
2. I wish to decline membership at this time in the NYSTRS
3. I am already a member of the NYSTRS; my membership number is _____
Tier _____ Date of Membership _____
4. I am a retired member of the NYSTRS; my membership number is _____
Tier _____ Date of Retirement _____
5. I am not eligible to join the NYS Teachers' Retirement System since I am collecting a pension from either NYC or NYS Retirement System.

Signature

Date

Please Print or Type Name

**T
R
S

Completing this form does not enroll you in the retirement system. There is a separate application that must be completed. This application must be completed separately within thirty (30) days from the date of appointment.