

REQUIRED

Last 4 Digits of SSN Employee Identification Number

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BERS | Board of Education Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965

CHAPTER 721 - PENSION OPT OUT

IF YOU WANT TO BECOME A BERS MEMBER, YOU SHOULD NOT FILL OUT OR SUBMIT THIS FORM.

If you do not want to become a BERS member,
you may submit this form via fax to (718) 935-4124 or (718) 935-3830.

Prefix

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other _____
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Name

M.I.

Last Name

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Home/Legal Address

Apt. No.

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City

State

Zip Code

--	--	--

Mailing Address (if different from above)

Apt. No.

--	--

City

State

Zip Code

--	--	--

Primary Telephone Number

Secondary Telephone Number

	Is this a Cell #		Is this a Cell #		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

REQUIRED - Primary Email Address

Secondary Email Address

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Current Employer/Agency

Current Job Title

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OFFICIAL DATE OF RECEIPT



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Last 4 Digits of SSN Employee Identification Number

[Empty input boxes for SSN and EID Number]



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ACKNOWLEDGEMENT

I understand that by completing this application, I am electing to opt out of automatic enrollment into the Board of Education Retirement System (BERS) pension plan as per Chapter 721 of the Laws of 2023.

I understand that by choosing to opt out, I am forgoing the rights of BERS membership, including the right to service retirement, disability retirement, and death benefits.

I understand that if I wish to become a member of BERS in the future, I must apply for membership by submitting a Membership Enrollment application. I also understand that choosing to apply at a later date will result in a different membership date, and that I may enroll in a different Tier than what is currently available at this time.

I also understand that, should I become permanently appointed to a civil service title covered by BERS, I will be automatically enrolled into the BERS pension plan.

I understand that any person who presents false or fraudulent information in an application with intent to defraud BERS is guilty of a crime and may be subject to fines and confinement in prison.

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature REQUIRED _____

Date _____

State of _____ County of _____

On this _____ day of _____ in the year 20 _____

personally appeared before me the said _____

to me known to be the individual described in and who executed the foregoing document, and he (she) duly acknowledged to me that he (she) executed the same, and the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds

Affix official seal in the box below

[Empty box for official seal]

