

**REQUIRED**

Last 4 Digits of SSN

Employee Identification Number

**BERS**Board of Education  
Retirement SystemMAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041**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 our document upload link on [nycbers.org](https://nycbers.org).****You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.**

Prefix

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other \_\_\_\_\_

Name

M.I.

Last Name

Home/Legal Address

Apt. No.

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 #

☐ Yes ☐ No

Is this a Cell #

☐ Yes ☐ No**REQUIRED** - Primary Email Address

Secondary Email Address

Current Employer/Agency

Current Job Title

OFFICIAL DATE OF RECEIPT



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**Board of Education  
Retirement System**

**MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041**

## 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**

