

G _____
Last 4 Digits of SSN Employee Identification Number

**You may submit this form via email to brespon@bers.nyc.gov.
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

Please select the appropriate box for the above address.

Check one: Permanent Address Temporary Address

Important: If you select the Permanent Address box, you are authorizing BERS to use the address on this form to update your records.

Mailing Address (if different from above)	Apt. No.

City	State	Zip Code

Primary Telephone Number	Secondary Telephone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Is this a Cell #</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Is this a Cell #</small>

REQUIRED - Primary Email Address	Secondary Email Address

Current Employer/Agency	Current Job Title

OFFICIAL DATE OF RECEIPT

BERS USE ONLY
<input type="checkbox"/> Recalculation
<input type="checkbox"/> Remaining Lump Sum

PRIOR SERVICE



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APPLICATION FOR THE PURCHASE OF PREVIOUS SERVICE

I, the undersigned applicant for previous Service Credit request a calculation of the payment amount necessary for me to purchase credit for service previously rendered by me as indicated below. I understand that BERS must receive this payment by the designated date on the BERS letter to me stating the cost and amount of service purchasable. I acknowledge that failure to provide BERS with payment election by the designated deadline would render my request for previous service purchase void. However, I may reapply by filing another Prior Service Application at any time before my effective date of retirement.

SUMMARY OF PREVIOUS SERVICE

From	To	Salary
MM / DD / YYY	MM / DD / YYYY	
Previous Agency		Previous Title

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature REQUIRED _____ **Date** _____

State of _____ County of _____

Affix official seal in the box below

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

PLEASE LIST ADDITIONAL PREVIOUS SERVICE BELOW

From	To	Previous Agency/Title	Salary
MM / DD / YYY	MM / DD / YYYY		

From	To	Previous Agency/Title	Salary
MM / DD / YYY	MM / DD / YYYY		

From	To	Previous Agency/Title	Salary
MM / DD / YYY	MM / DD / YYYY		

