

REQUIRED
Member Number: G#

REQUIRED
Last 4 Digits
of SSN

REQUIRED
Employee
Identification Number

BERS
OUTREACH

Board of Education
Retirement System

55 WATER STREET, 50TH FLOOR

MAILING ADDRESS | NEW YORK, NY 10041

This form can be submitted via our document upload link on nycbers.org.
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

Prefix

Mr Mrs Ms Miss Other _____

First Name

M.I. Last Name

REQUIRED – Social Security Number

Employee Identification Number

Gender

Date of Birth

_____ MM / DD / YYYY

Marital Status

Single Married Divorced Widowed Other _____

OFFICIAL DATE OF RECEIPT

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

Work Telephone Number

Text Message Agreement

_____ Extension _____ I agree to receive occasional text messages about BERS programs and benefits.

REQUIRED – Primary Email

Secondary Email

Job Title

Union Affiliation

Title Status

Salary (if available)

Permanent Provisional _____

Employer


Date of Employment

_____ MM / DD / YYYY



TIER 6 MEMBERSHIP ENROLLMENT

TIER 6 MEMBERSHIP ENROLLMENT

REQUIRED Member Number: G#	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number	 Board of Education Retirement System 55 WATER STREET, 50TH FLOOR MAILING ADDRESS NEW YORK, NY 10041
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PLEASE COMPLETE THIS SECTION

In the event of accidental, work-related death, an Accidental Death Benefit annuity may be payable to your "eligible beneficiary" as defined under New York State Retirement and Social Security Law Section 601 (d). This annuity paid to your eligible beneficiary would supersede any other QPP benefits payable to your designated beneficiaries.

Under the applicable law, your eligible beneficiary will be, in order of precedence:

1. Your surviving spouse, as long as they have not renounced survivorship rights in a separation agreement, until remarriage; or
2. Your surviving children, until age twenty-five; or
3. Your dependent parents, determined under regulations BERS; or
4. Any other person who qualified as a dependent on your final federal income tax return or the return you filed in the year immediately preceding the year of death, until such person reaches twenty-one years of age; or
5. Your designated beneficiary/ies.

Be sure to inform BERS of any marital status changes so that your records will be current.

PLEASE NOTE: the above information does not pertain to Tax Deferred Annuity death benefit designations.

Name of Spouse	Date of Birth
<input type="text"/>	<input type="text" value="MM / DD / YYYY"/>

Date of Marriage
<input type="text" value="MM / DD / YYYY"/>

Name of Child	Date of Birth
<input type="text"/>	<input type="text" value="MM / DD / YYYY"/>

Name of Child	Date of Birth
<input type="text"/>	<input type="text" value="MM / DD / YYYY"/>

Name of Child	Date of Birth
<input type="text"/>	<input type="text" value="MM / DD / YYYY"/>

Name of Child	Date of Birth
<input type="text"/>	<input type="text" value="MM / DD / YYYY"/>

Name of Father	Date of Birth
<input type="text"/>	<input type="text" value="MM / DD / YYYY"/>

Name of Mother	Date of Birth
<input type="text"/>	<input type="text" value="MM / DD / YYYY"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>

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OUTREACH Retirement System
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TIER 6 MEMBERSHIP ENROLLMENT

If you are or were a member of any New York City or New York State Retirement System, please state Retirement System Name: _____ Membership Number: _____ and Dates of Membership: _____

ACKNOWLEDGEMENT

I, the undersigned applicant for membership in the New York City Board of Education Retirement System, in accordance with the relevant provisions of law, certify that the information given herein is correct to the best of my knowledge and belief. Furthermore, I acknowledge that I have been informed and understand the rights and obligations of membership under the Tier 4 Revised Plan also known as Tier 6, and have received a BERS Tier 6 Summary. I understand that this application is IRREVOCABLE and that, if I am accepted for membership, my tier of membership and my contribution rate will be determined by the laws governing the retirement system and my elections as outlined in the Plan Summary.

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 _____ **Date** _____
REQUIRED

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Board of Education
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**PLEASE COMPLETE THIS SECTION TO REGISTER FOR A
MEMBER SELF-SERVICE (MSS) ONLINE ACCOUNT**



Please scan the QR code to view the BERS Website
and Member Self-Service Terms and Conditions.

REQUESTED MSS USERNAME

- Must be at least 6 characters
- Must not contain SSN or Employee ID

REQUIRED – Username

EMAIL ACCESS

I have access to my Primary Email: **Yes** **No**

A BERS team member will send a confirmation email to the Primary Email address on file once the Member Self-Service account is created along with your temporary password. If the Primary Email address requires updating, please submit an **Update Contact Information** form.

ACKNOWLEDGEMENT

I hereby request that BERS use the above username to setup my BERS Member Self-Service portal account.

TERMS AND CONDITIONS

I hereby acknowledge that I have reviewed and agree with the BERS Website and Member Self-Service Terms and Conditions.

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

