

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 _____

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 Is this a Cell # Yes No

Work Telephone Number _____ Extension _____

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

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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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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.

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.

Affix official seal in the box below



Signature of Notary Public or Commissioner of Deeds

