

REQUIRED
Member Number: G#
New applicants should leave this blank.

REQUIRED
Last 4 Digits
of SSN

REQUIRED
Employee
Identification Number

BERS | Board of Education
Retirement System

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

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You may submit this form via fax to (718) 935-4124 or (718) 935-3830.

Name	M.I.	Last Name

Home/Legal Address	Apt. No.

City	State	Zip Code

OFFICIAL DATE OF RECEIPT

Please select the appropriate box for the above address.

Check one: Permanent Address Temporary Address

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

City	State	Zip Code

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


REQUIRED - Primary Email Address	Secondary Email Address

Current Employer/Agency	Current Job Title

TIER REINSTATEMENT



TIER REINSTATEMENT

REQUIRED Member Number: G# <small>New applicants should leave this blank.</small>	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number	 Board of Education Retirement System MAILING ADDRESS 65 COURT STREET, 16TH FL. BROOKLYN, NEW YORK 11201-4965
<input type="text"/>	<input type="text"/>	<input type="text"/>	

TIER REINSTATEMENT INFORMATION

Previous New York State or City Retirement System	Name Under Previous Membership (if different from above)
<input type="text"/>	<input type="text"/>

Previous Position / Title	Previous Membership Number	Approximate Start Date <small>MM / DD / YYYY</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Place of Employment	Previous Tier	Approximate End Date <small>MM / DD / YYYY</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I, the undersigned applicant for membership/tier reinstatement, in accordance with section 645 of the Reinstatement and Social Security Law, request a calculation of the payment amount necessary for me to be reinstated to my previous membership/tier indicated above. I understand that BERS must receive this payment by the designated date on the BERS letter to me stating the amount of payment and the general benefits of reinstatement. I acknowledge that failure to make payment by the designated date would render my request for reinstatement void. However, I may reapply by filing another Membership/Tier Reinstatement Application at any time before my effective date of retirement.

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. _____ <i>Signature of Notary Public or Commissioner of Deeds</i>	Affix official seal in the box below <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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