

G \_\_\_\_\_  
Last 4 Digits of SSN    Employee Identification Number

You may submit this form via email to [brespon@bers.nyc.gov](mailto:brespon@bers.nyc.gov).  
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

**HEADLINE IF NEEDED**

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

**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"/> 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

<b>REQUIRED</b> - Primary Email Address	Secondary Email Address

Current Employer/Agency	Current Job Title

**TIER REINSTATEMENT**



# TIER REINSTATEMENT

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Last 4 Digits of SSN Employee Identification Number

## TIER REINSTATEMENT INFORMATION

Previous New York State or City Retirement System	Name Under Previous Membership (if different from above)

Previous Position / Title	Previous Membership Number	Approximate Start Date <small>MM / DD / YYYY</small>

Previous Place of Employment	Previous Tier	Approximate End Date <small>MM / DD / YYYY</small>

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.

**DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**REQUIRED**

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**