

**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 SystemMAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041**TIER REINSTATEMENT**

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

Name

M.I.

Last Name

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Home/Legal Address

Apt. No.

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City

State

Zip Code

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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.

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City

State

Zip Code

--	--	--

Primary Telephone Number

Secondary Telephone Number

<div>Is this a Cell #</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>Is this a Cell #</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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**REQUIRED** - Primary Email Address

Secondary Email Address

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Current Employer/Agency

Current Job Title

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# TIER REINSTATEMENT

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Last 4 Digits  
of SSN

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Employee  
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**BERS**

Board of Education  
Retirement System

MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041

## TIER REINSTATEMENT INFORMATION

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

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Previous Position / Title

Previous Membership Number

Approximate Start Date

		MM / DD / YYYY
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Previous Place of Employment

Previous Tier

Approximate End Date

		MM / DD / YYYY
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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.

\_\_\_\_\_  
*Signature of Notary Public or Commissioner of Deeds*

**Affix official seal in the box below**

