**RETIREMENT SYSTEM NOTIFICATION FORM**

Although you are not required to join the New York State and Local Employee’s Retirement System, you may elect to do so.

If you want to join the Employees’ Retirement System, or would like more information, please check below and MNHS will mail you the application and a brochure that describes the various benefits associated with being a member.

If you choose to join the Employees’ Retirement System, membership will begin only upon the receipt of the membership application by the Retirement System.

Regardless of your decision whether to join the Retirement System or not, you must acknowledge, in writing, that you have been informed of your right to membership in the Employees’ Retirement System. Therefore, you must complete the following:

I have been informed of my right to join the New York State Employees’ Retirement System. At this time:

 \_\_\_\_\_\_\_\_ I request a copy of the membership application and informational brochure.

 \_\_\_\_\_\_\_\_ I do not choose to enroll in the Retirement System.

 \_\_\_\_\_\_\_\_ I am currently a member of the NYS Employees’ Retirement System

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Retirement Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Sign Name Date

PLEASE COMPLETE THIS FORM AND RETURN TO YOUR SUPERVISOR

 AS SOON AS POSSIBLE