

NYS EMPLOYEES' RETIREMENT SYSTEM **OPTION FORM**

TO:			
FROM:	Harry Hadjioannou, Assistant Superintendent for Business and Financial Services		
DATE:			
RE:	Membership in NY	YS Employees' Retireme	ent System
Employee join or no	s' Retirement Syste et to join. All emplo	m. Those employees we byees joining the New Y	employees must join the New York State orking less than full-time have the option to York State Employees' Retirement System at deduction from gross wages.
	eck the appropriate in the Questar III P		of this form, sign, date and return it to Geri
	ould have any questiour time and coopera		contact Geri or Sharon at 477-8771. Thank
		v York State Employees' aeld until your application	
(oı	nly applicable if less	s than 1.0 FTE)	loyees' Retirement System.
	·	er. My number is:	
1	am a retiree. I retire	d on:	_ My number is:
Da	ate		Signature
			Name (printed or typed)

HR Forms