

ACKNOWLEDGEMENT AND INFORMATION ON THE
NYS EMPLOYEES' RETIREMENT SYSTEM (ERS) FOR PART-TIME OR
TEMPORARY STAFF, STUDENT ASSISTANTS, GRADUATE ASSISTANTS, AND TEACHING ASSISTANTS

Employees who are either part-time or temporary may elect to join the **New York State Employees' Retirement System (ERS)** at any time but are **not required** to join.

Membership is not automatic and you must complete a membership application to join. **Your date of membership will be the date that your membership application is received by the retirement system. (Please allow up to five [5] business days from the date your registration form is received in the Employee Benefits Office.)** You are required to contribute 3% of your salary until 4/1/13. Thereafter, the contribution rate is from 3% to 6% based on salary. **Part-time service credit is pro-rated and you need to have ten years of full-time State service to become eligible for a pension.** [Example: 10 years required at full-time (100%); 20 years required at part-time (50%)].

IMPORTANT: Please advise Employee Benefits immediately by calling 437-4729 if you have ever been a participant in the SUNY Optional Retirement Program (ORP) with ING, MetLife, TIAA-CREF or VALIC.

If we do not hear back from you, we will assume that you have decided to waive ERS membership (until such time you directly contact Employee Benefits).

If you are interested in joining ERS, please contact Employee Benefits at 437-4729. If not, please check one box below:

- I choose **NOT** to join ERS at this time and understand that I may do so at any time. I certify that I have not been a member of ERS in the last seven years, or, if a member, that I withdrew my contributions upon separation from service and no longer have an active ERS membership.
- I am already a member of ERS. (Please provide the following information.) **Please indicate if you are either a current member or a retiree of ERS and provide your membership or retirement date.**

ERS Registration # _____ Tier _____

Date of Membership or Retirement (circle one) _____

Print Name

Signature

Social Security Number (last four digits)

Date

Department

Title

PLEASE RETURN TO:
OFFICE OF HUMAN RESOURCES MANAGEMENT
EMPLOYEE BENEFITS, UAB-300
(518) 437-4729