



**NIAGARA COUNTY
HUMAN RESOURCE
DEPARTMENT**

**STATE OF NEW YORK
County of Niagara**

**NOTIFICATION REQUIREMENTS FOR OPTIONAL MEMBERS
OF NYS EMPLOYEES' RETIREMENT SYSTEM**

**IF YOUR EMPLOYMENT IS ON A PART-TIME, TEMPORARY OR PROVISIONAL BASIS,
OR LESS THAN TWELVE (12) MONTHS PER YEAR, MEMBERSHIP IS OPTIONAL.**

Chapter 878 of the Laws of 1986 imposes new requirements on employers hiring people whose Retirement System membership is optional. Such employers must, at the time of employment, notify the new employee, in writing, of their right to membership in the Employees' Retirement System. The Law also requires that such employee acknowledge having been given such notice by signing a copy of the acknowledgement and filing it with the employer. It is incumbent upon the employer to preserve such documents.

Membership for an employee will begin only upon the receipt of a membership application by the Retirement System. Optional memberships will not be backdated and once an employee elects to join the System, their membership cannot be withdrawn while the employee continues in service.

The contribution rate to the Retirement System is three percent (3%) of gross earnings to be deducted each pay period. Tier 6 member contribution rates range from 3% to 6% depending on the annual salary.

If you wish to join the Retirement System, applications are available in the Human Resources Department. Also, if you have any questions, please feel free to contact the Human Resources Department at 438-4070.

THIS IS TO CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND HAVE BEEN GIVEN THE OPPORTUNITY TO JOIN THE NYS EMPLOYEES' RETIREMENT SYSTEM. I UNDERSTAND MY OPTIONS AND I WISH TO:

_____ **DECLINE** MEMBERSHIP IN THE NYS RETIREMENT SYSTEM

_____ **ACCEPT** MEMBERSHIP IN THE NYS RETIREMENT SYSTEM

Name (Print)

Signature

Date

FOR RETIREES ONLY (check one)

_____ I wish to rejoin the retirement system from which I retired and become an active member under terms of Sections 101 or 401 of the RSSL.

_____ Employer has had approval from the retirement system under Section 211 of the RSSL.

_____ I am covered under Section 212 of the RSSL.

Name (Print)

Signature

Date