

TIER 4 MEMBERSHIP ENROLLMENT

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<input style="width: 95%;" type="text"/>	MI	<input style="width: 95%;" type="text"/>
First Name		Last Name
<input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>		<input style="width: 25%;" type="text"/>
Social Security Number		Sex
<input style="width: 100%;" type="text"/>		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Address	Apt No.	Marital Status
<input style="width: 30%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
City	State	Zip Code
<input style="width: 100%;" type="text"/>		
Job Title	Union Affiliation	OFFICIAL DATE OF RECEIPT
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Permanent <input type="checkbox"/> Provisional	
School / District / Bureau / Agency (Whichever Applies to You)	Civil Service Status	
\$ <input style="width: 100%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	
Salary	Date of Employment	
Were you employed by New York City or New York State on June 28, 1995? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(<input style="width: 20%;" type="text"/>) <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	(<input style="width: 20%;" type="text"/>) <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	
Work Telephone Number	Home Telephone Number	

ACKNOWLEDGEMENT

I, the undersigned applicant for membership in the New York City Board of Education Retirement System, in accordance with the relevant provisions of law, certify that the information given herein is correct to the best of my knowledge and belief. Furthermore, I acknowledge that I have been informed and understand the rights and obligations of membership, and have received a BERS Enrollment Kit. I understand that this application is IRREVOCABLE and that, if I am accepted for membership, my tier of membership and my contribution rate will be determined by the laws governing the retirement system and my elections as outlined in the Enrollment Brochure.

Signature: _____ Date: / /

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, 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.

