



**Office of
General Services**

**Business
Services Center**

Declination of Membership in the New York State Employee Retirement System

Employee Name

Agency Code

Employee ID Number

Type of Appointment:

Part-Time

Temporary

Provisional

Less than 12 Months

I have received a copy of the current New York State Employee Retirement System publication describing the retirement plan. I am aware of the benefits available under this contributory plan and my right to membership in the New York State Employee Retirement System.

I do not wish to enroll in the New York State Employee Retirement System at this time.

Date

Employee Signature

Please sign and return this form to BSC:

BSC Benefits Unit
1220 Washington Avenue
Building 5, Floor 4
Albany, NY 12226-1900
BSCP payrollAdmin@ogs.ny.gov
518-457-4272