



Declination of Membership in the
New York State Employees' Retirement System (BSC-B4)

Instructions: This form is to decline membership in the NYS Employees' Retirement System. Please fill out this form (type or print clearly), print and sign the form, and send the completed form by mail, fax or email to the BSC Benefits Unit.

Employee Information

Employee Name: _____

Agency Code: _____

Employee ID #: _____

Non-Mandatory Enrollee Employees

Type of Appointment:

Part-Time Temporary Provisional Less than 12 months

I have received a copy of the current New York State Employees' 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 Employees' Retirement System. I do not wish to enroll in the New York State Employees' Retirement System at this time.

Employee Signature _____

Date _____

Employees Receiving a Retirement Benefit

I am receiving or I am about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in the State.

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

Name of Retirement System
(Employee's, Teachers, Police & Fire): _____

Registration Number (if known): _____

Employee Signature _____

Date _____