



Please type or print clearly  
in blue or black ink

Received Date

Election Form for 25 year  
Retirement Plan 384

PF 5095  
(Rev. 02/23)

NYS LRS ID

□ □ □ □ □ □ □ □ □ □

Social Security Number [last 4 digits]

XXX-XX- □ □ □ □

This election is to be completed by firefighters, police or officers of Fire Departments or Police Departments. It must be filed within one year after becoming an officer or member, or within one year after the employer assumes all or part of the additional cost, which ever shall last occur. A member who adopts a benefit pursuant to this section may withdrawal it only after it has been filed for at least one year.

**IMPORTANT NOTICE:** Every member participating on the basis of this section shall be separated from the service on the last day of the calendar month next succeeding the calendar month in which he/she/they attains age sixty-two.

<b>Information About You</b>		
1. Name: (First, Middle Initial, Last)		
2. Address: (Including Street, Apt. or PO Box, City, State and Zip Code)		
3. Current Employer:	4. Payroll Title:	5. Date of Appointment: (mm/dd/yyyy)

**TO THE COMPTROLLER OF THE STATE OF NEW YORK:**

I hereby elect to contribute under the provisions of Section 384 of the Retirement and Social Security Law which permits retirement upon completion of 25 years of service as an officer or member of an organized Fire Department or organized Police Force or Police Department of any County, City, Town, Village, Fire District or Police District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_ in the  
year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_,  
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose  
name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the  
same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or  
the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC (Please sign and affix stamp)

**\*Social Security Disclosure Requirement:** In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.  
**Personal Privacy Protection Law:** The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.