Office of the New York State Comptroller	Received Da	ite	Loan Payment Change Form		
New York State and Local Retirement System	_			RS 55	21
110 State Street, Albany, New York 12244-000	1				
Please type or print clearly in blue or black ink			-		r. 05/22)
NYSLRS ID	Social Security Nu	mber [last 4 digits]	Employee	ent System [check one] es' Retirement System (ERS) d Fire' Retirement System (PFRS)	
Information About You					
Name: (First, Middle Initial, Last)		Former Name: (if applicable) Telephone Nur		Telephone Number:	
Address: (Including Street, City, S	State and Zip Code)				
Please review the attached Impo	ortant Information page prior	to submitting thi	is Loan Paymer	nt Change Form.	
My current loan payment amount is	s \$ per pay perio	d			
I would like to change my loan pay	ment to:				
The minimum ar	mount per pay period				
pe	er pay period, distributed to eac	ch loan as indicate	ed in the table be	elow	
Date Loan Originally issued	Approximate Loan Balanc		Loan Payment Pay Period)	New Loan Payment (Per Pay Period)	
Signature:		Date:			

If you have any questions, access our website, http://www.osc.state.ny.us/retire/members/loans.php or call us toll-free at (866) 805-0990 or (518) 474-7736 in the Albany, New York area.

Important Information

Submitting Your Payment Change Request:

To verify your current loan payment amount(s) and to change your payment electronically, please access your *Retirement Online* account

If you are not able to submit an electronic payment change:

Fax the completed Loan Payment Change Form to: (518) 486-9877 Or, mail to:

New York State and Local Retirement System 110 State St Albany, NY 12244

Disclaimer

If you choose a payment below the minimum calculated payment, your payment will be set to the minimum payment as it is required, by law, to have your loan paid in full within five years of the date the loan was originally issued.

If you choose a payment greater than your outstanding loan balance your request will be rejected.

If you are called to active military duty, special rules apply. Please contact our Call Center toll-free at (866) 805-0990 or (518) 474-7736 in the Albany, New York area.

Once your payment change request is complete, a notification will be sent to your employer instructing them to change the deduction.

It may take up to 4-6 weeks for your employer to process a loan payment change. Until the change is implemented, your employer will continue taking deductions at the current amount. These deductions are non-refundable and will continue to be applied to your outstanding loan(s).

*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.