

Hearing Request

NYSLRS

Attn: Hearing Administration

110 State Street

Albany, NY 12244-0001

Fax: (518) 402-4137

Email: Hearings@osc.ny.gov

Re: _____
(NAME OF NYSLRS MEMBER)

NYSLRS ID Number: _____
(NYSLRS ID)

Social Security Number: _____
(LAST 4 DIGITS ONLY IF
NYSLRS ID IS UNKNOWN)

Dear New York State and Local Retirement System,

I am requesting a hearing because I disagree with the final agency determination mailed on

(DATE OF DETERMINATION OR LETTER)

Sincerely,

(YOUR SIGNATURE)

(DATE)

(YOUR MAILING ADDRESS)

(YOUR EMAIL ADDRESS)

(YOUR TELEPHONE NUMBER INCLUDING AREA CODE)