Office of the New York State Comptroller New York State and Local Retirement System 110 State Street, Albany, New York 12244-0001 Please type or print clearly in blue or black ink	Received Date	ar Additio	orm for Sheriffs, land Deputy Sheriffs nal 1/60 Retireme cle 14-B, Section	s 20 Year with nt Plan Under s 552 and 553 RS 5498-A
NYSLRS ID	Social Security Number [last	Em	tirement System [check or ployees' Retirement Syste ice and Fire' Retirement S	em (ERS)
This election form is to be complete criminal law enforcement 50 percent Act, and who are employed by a court	or more of the time, who nty which has elected to	o are Police C make these be	Officers under the Crimenefits available.	minal Procedure
This plan must be elected within or employer's adoption of this plan, which		ent to the elic	gible title or within o	ne year of your
Information About You				
1. Name: (First, Middle Initial, Last)				
2. Address: (Including Street, Apt. or PO Bo	x, 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	DF NEW YORK:			
I hereby elect to contribute under the provision providing for retirement at one-half final averaverage salary for each year of service af understand that this election must remain in period.	age salary upon completion of ter 20 years, with the total be	f 20 years of servoenefit not to ex	vice and an additional ber ceed 75 percent of final	nefit of 1/60 of final average salary. I
Signature:	Date:			
IMPORTANT NOTICE: This election	n is not effective until i	t is received l	by the Retirement S	ystem.
ACKNOWLEDGEMENT TO BE COMPLETE	D BY A NOTARY PUBLIC			
State of County of		On th	ne day of	in the
year before me, the undersigned personally known to me or proved to me on to the within instrument and acknowledged his/her/their signature(s) on the instrument, instrument.	, personally appeared the basis of satisfactory evided to me that he/she/they exe	nce to be the indi	vidual(s) whose name(s)	is (are) subscribed (ies), and that by
	NOTARY PUBLIC (Please sign and affix stamp)			
SHERIFF'S CERTIFICATION FOR DEPUTY	SHERIFFS:			
l,	, the Sheriff of_		C	ounty, do hereby
certify that				
engaged 50 percent or more of the time in cri	minal law enforcement activition	es, and is a Police	e Officer under the Crimina	al Procedure Act.

Date:_

Sheriff's Signature: ____

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.



^{*}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.