



Retirement Program Election Form

I hereby acknowledge that I have been informed by my employer, SUNY Brockport, that as a matter of right, I may elect to join a Retirement System as appropriate for my position. **This form must be submitted to the Office of Human Resources within 30 days of your initial date of eligible appointment. Additionally, applicable enrollment forms and processes need to be completed within 30 days of your initial date of eligible appointment. This election is irrevocable.**

I hereby elect to participate in the retirement program specified below and/or am already a member of the specified program listed. **I also understand that if I am currently a member of a retirement system I must continue to make contributions to that system.**

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- New York State and Local Retirement System (ERS)**
 - I have completed the Membership Application (RS5420)
 - I am already a member

 - New York State Teachers Retirement System (TRS)**
 - I have completed the Membership Application (NET-2) – Notarized application
 - I am already a member

 - New York State Police & Fire Retirement System (PFRS)**
 - I have completed the Membership Application (PF5022)
 - I am already a member

 - New York State Optional Retirement System (ORP)**
 - I have completed the online enrollment process through Retirement@work
 - I am already a member

 - I have been advised of my eligibility and elect to decline membership in a retirement system at this time.** I understand that if I choose not to, and am not required to join a retirement system at this time, I may elect to participate in the future. (Only for non-mandatory positions)

 - I am currently retired and receiving a NYS pension**

Print Name: _____

Date: _____

Signature: _____

Title: _____