

REQUIRED

Last 4 Digits of SSN Employee Identification Number

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Board of Education
Retirement System

65 COURT STREET, 16TH FL.

MAILING ADDRESS | BROOKLYN, NEW YORK 11201-4965

PLEASE COMPLETE THIS SECTION

In the event of accidental, work-related death, an Accidental Death Benefit annuity may be payable to your "eligible beneficiary" as defined under New York State Retirement and Social Security Law Section 601 (d). This annuity paid to your eligible beneficiary would supersede any other QPP benefits payable to your designated beneficiaries.

Under the applicable law, your eligible beneficiary will be, in order of precedence:

1. Your surviving spouse, as long as they have not renounced survivorship rights in a separation agreement, until remarriage; or
2. Your surviving children, until age twenty-five; or
3. Your dependent parents, determined under regulations BERS; or
4. Any other person who qualified as a dependent on your final federal income tax return or the return you filed in the year immediately preceding the year of death, until such person reaches twenty-one years of age; or
5. Your designated beneficiary/ies.

Be sure to inform BERS of any marital status changes so that your records will be current.

PLEASE NOTE: the above information does not pertain to Tax Deferred Annuity death benefit designations.

Name of Spouse	Date of Birth
	MM / DD / YYYY

Date of Marriage
MM / DD / YYYY

Name of Child	Date of Birth
	MM / DD / YYYY

Name of Child	Date of Birth
	MM / DD / YYYY

Name of Child	Date of Birth
	MM / DD / YYYY

Name of Child	Date of Birth
	MM / DD / YYYY

Name of Father	Date of Birth
	MM / DD / YYYY

Name of Mother	Date of Birth
	MM / DD / YYYY



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TIER 6 MEMBERSHIP ENROLLMENT

If you are or were a member of any New York City or New York State Retirement System, please state Retirement

System Name: _____ Membership Number: _____

and Dates of Membership: _____

ACKNOWLEDGEMENT

I, the undersigned applicant for membership in the New York City Board of Education Retirement System, in accordance with the relevant provisions of law, certify that the information given herein is correct to the best of my knowledge and belief. Furthermore, I acknowledge that I have been informed and understand the rights and obligations of membership under the Tier 4 Revised Plan also known as Tier 6, and have received a BERS Tier 6 Summary. I understand that this application is IRREVOCABLE and that, if I am accepted for membership, my tier of membership and my contribution rate will be determined by the laws governing the retirement system and my elections as outlined in the Plan Summary.

I understand that any person who presents false or fraudulent information in an application with intent to defraud BERS is guilty of a crime and may be subject to fines and confinement in prison.

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

**Signature
REQUIRED** _____

Date _____

State of _____ County of _____

On this _____ day of _____ in the year 20_____

personally appeared before me the said _____

to me known to be the individual described in and who executed the foregoing document, and he (she) duly acknowledged to me that he (she) executed the same, and the statements contained therein are true.

Affix official seal in the box below

Signature of Notary Public or Commissioner of Deeds

