



New York State Correctional Officers & Police Benevolent Association, Inc.



102 Hackett Blvd. - Albany, NY 12209
(518) 427-1551 or 1-888-484-7279
Fax: (518) 426-1635

www.nyscopba.org -- nyscopba@nyscopba.org

RETIREMENT BENEFITS APPLICATION

Full Name of Retiree : (Please Print) _____

Last four digits of SSN :

Retiree Mailing Address:

Name & Address of Person
To Whom Check and Plaque
Should be Mailed to (if someone
other than Retiree) (Please Print)

Completed Years of Service:
(YEARS in Security Services
Unit Applicable ONLY)

Military Time
Purchased

Facility/Worksite Retiree Last Worked _____

Date of Hire: _____

Retirement Date: _____

Signature of Chief Sector Steward _____

Please return application to:

NYSCOPBA
Attn: Retirement Department
102 Hackett Blvd.
Albany, NY 12209