



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

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MEMORANDUM

TO: NYSCOPBA Member

FROM: Bill Naylor, Retirement Department

RE: Disability Retirement

A variety of disability retirement plans are available for employees who are permanently incapacitated for the performance of their position and meet the other eligibility requirements for the particular benefit sought. All of the plans require *permanent disability*, which is a permanent inability to perform the tasks for which you are employed. The Retirement System is not generous in awarding these benefits and will likely contest the issue of permanent disability. Before applying, you should discuss your medical condition with your treating physician. If your physician does not believe your medical condition substantiates your inability to perform your job/duties, your application will be rejected.

A multitude of factors impact your right to benefits, including your date of entry into service and the manner in which your medical condition arose. For specific information on eligibility requirements and benefits, you should refer to the appropriate Summary Plan Description Booklet for your Tier. For additional information, you can also call the Retirement System at (518) 474-7736 or (866) 805-0990.

For your convenience, NYSCOPBA is providing you with applications for disability retirement, as well as other general information about retirement benefits. It is *your responsibility* to complete the appropriate application(s) and file by certified mail, return receipt requested with the New York State & Local Retirement System (Attn: Disability Unit). The Retirement System's address is on the retirement application. When filing for disability retirement, the Retirement System recommends that you complete an application for each disability program available for your Tier (for example: you could possibly qualify for an ordinary disability, but may not meet the eligibility requirements for a three-quarter (3/4) disability retirement). Be sure to write "Filing without prejudice" at the top of all applications if you are filing multiple applications.

You should also complete a retirement option selection at the time of application as well as a beneficiary form. You will be given an opportunity to change your option selection if and when your application is approved and you receive an estimate of your retirement benefit.

The Retirement System is not bound by a determination of the Workers' Compensation Board. However, if you are applying for disability retirement, it is recommended that you apply for Workers' Compensation Benefits for job related injuries (including Chapter 653 Heart Disability). You should also file for Social Security benefits, as certain disability retirements require a favorable Social Security determination for eligibility. If you fail to apply for these benefits, your retirement allowance may, depending on which disability retirement you are eligible for, be reduced by the full amount of your Workers' Compensation benefits received or those that you would have been entitled to. If you have any questions regarding Workers' Compensation benefits, you should contact the New York State Workers' Compensation Board at (518) 474-6674. For questions regarding your Social Security Benefits; call the Social Security Administration at (800) 772-1213.

If you intend to file a disability retirement, it is recommended that you file your application(s) **while you are still on the payroll** (some benefits must be applied for within ninety (90) days of the date you were last on the payroll). A timely filing may minimize the financial hardship you may encounter during the time it takes you to process your application(s). If the System contests your eligibility for disability retirement, the process may take more than a year. Be advised that pursuant to the Civil Service Law, an employee who has been on leave of absence resulting from an injury may be terminated after a cumulative one year has lapsed. Employees separated from Civil Service **due to on the job assault** are entitled to a leave of absence of two years.

Enclosures:

Tier 1 & 2 Disability Applications:

- ☐ Ordinary (Form RS6038)
- ☐ Accidental (Form RS6047)

Tier 3, 4, 5, 6 Disability Applications:

- ☐ Ordinary (506) & Accidental (507) - Form RS6411 (*Available for CO and SHTA Tier 3 members ONLY and anyone who joined the Retirement System before September 1, 1983*)
- ☐ Ordinary (507A) - Form RS6409 (*CO and SHTA's ONLY*)
- ☐ Ordinary (605) - Form RS6340 (*Article 15 Tier 3 through 6*)

All Tiers Performance of Duty:

- ☐ Performance of Duty (507B) - Form RS6047-A (*Heart Related, Inmate Related, HIV, TB*)

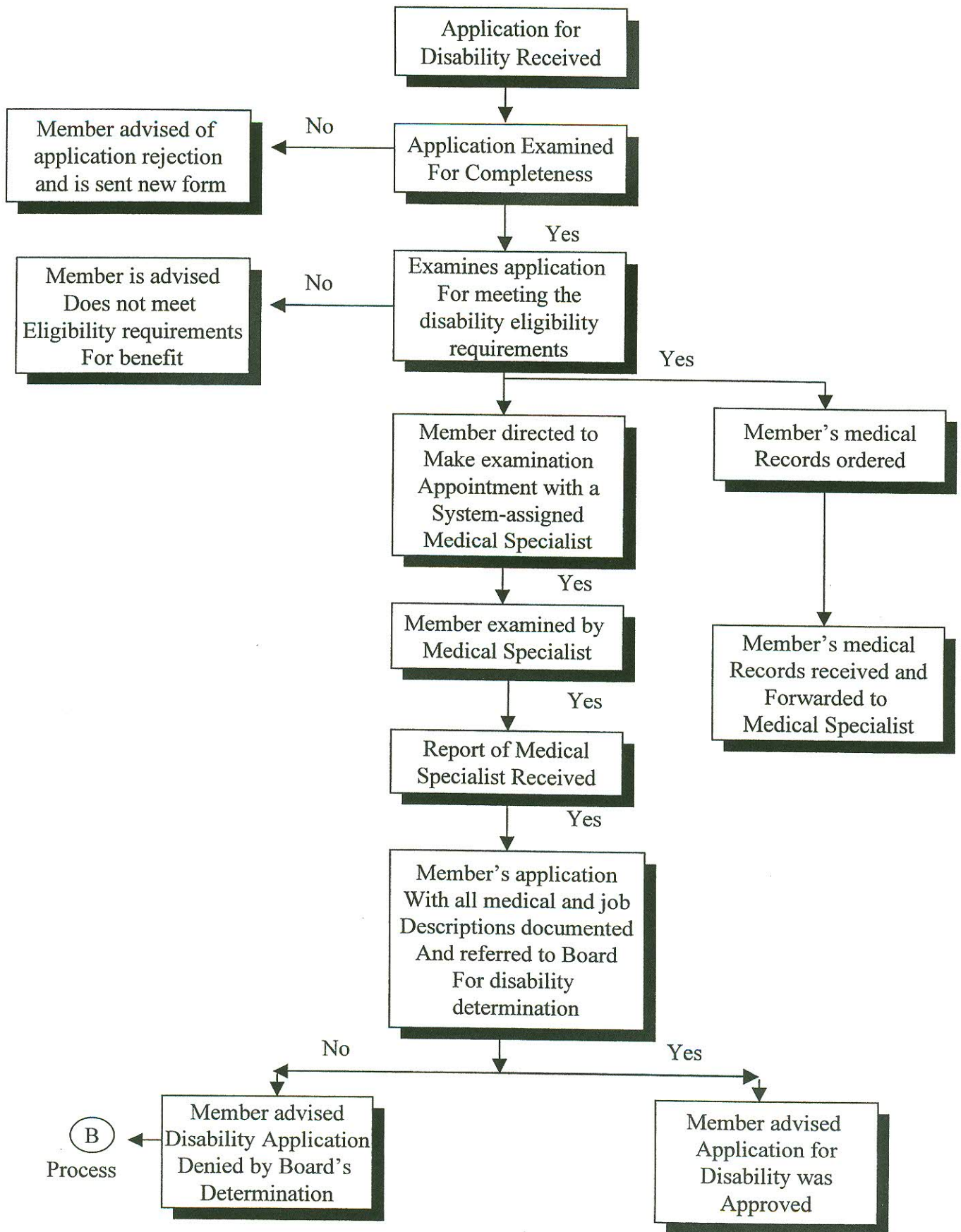
Option Selection

- ☐ RS6399 (Options Election Form)

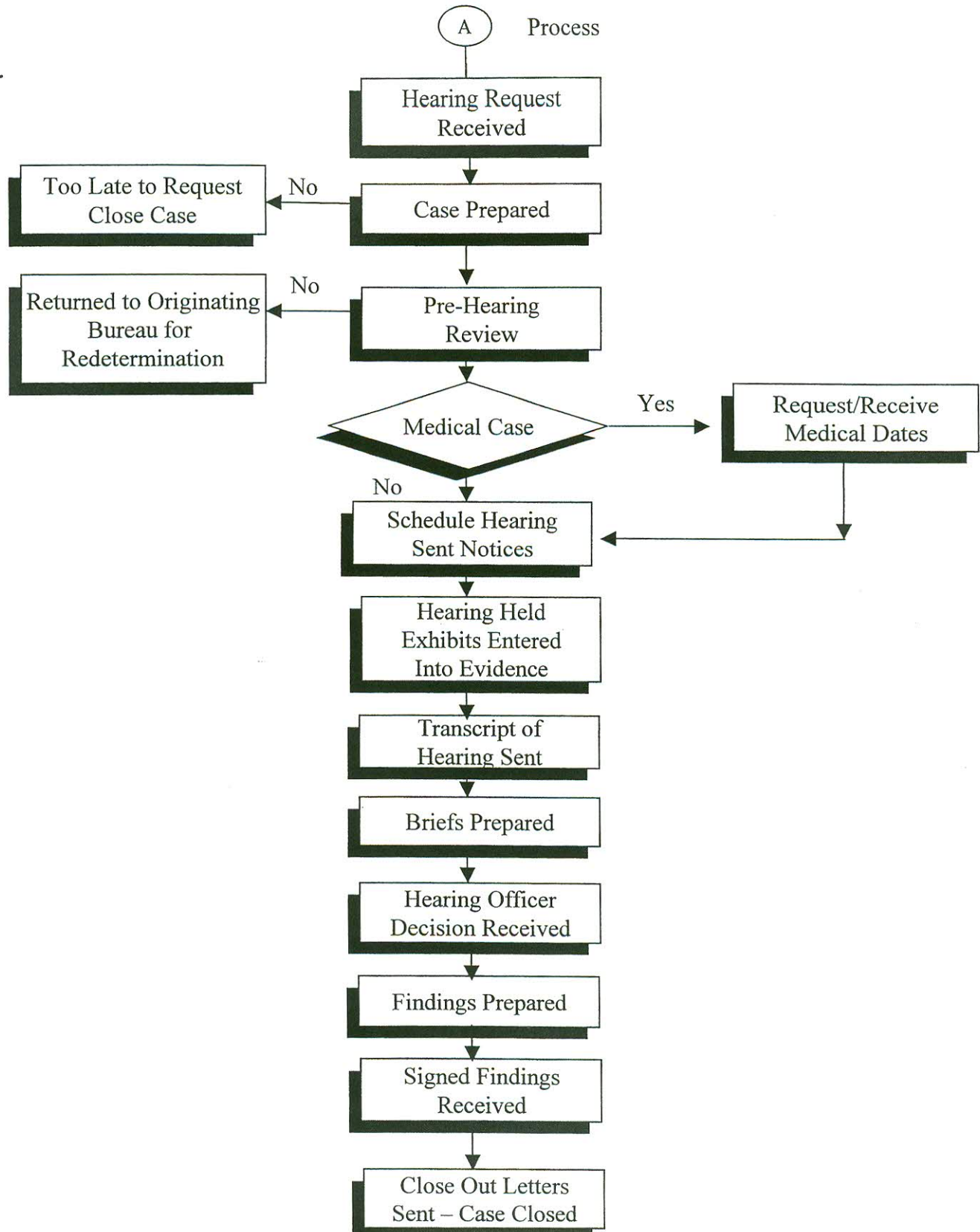
Beneficiary Form

- ☐ RS5127 (Beneficiary Election Form)
- ☐ Benefit Booklet

**Disability Processing, Hearing Administration and
The Counsel to the Retirement Systems
Work Flow A**



**Disability Processing, Hearing Administration and
the Counsel to the Retirement Systems
Work Flow B**



Disability Retirees

Returning to Work

Unlike service retirees' earnings, almost all disability retirees' earnings, both public and private, are limited under the Retirement and Social Security Law. Two sections of the law, Section 102 for ERS and Section 402 for PFRS, govern post-retirement employment for disability retirees.

How Your Benefits Are Affected

Whether you work for a public or private employer (see page 4), your earnings may be limited. The limit is individual to each retiree and is the difference in any year between:

- ◆ The maximum salary you would have received in the next higher position from which you retired, and
- ◆ Your Single Life Allowance.

At your request, we will determine the amount of salary you can earn. We must contact your former employer for salary information and, once this information is received, we will notify you of your earnings limit.

Your earnings are no longer limited if you work in private employment after:

- ◆ You reach the age at which you would have been eligible for a service retirement; or
- ◆ You would have had the required years of service in a special plan to be eligible for a service retirement, regardless of age.

If you return to work for an employer which participated in the same retirement system from which you retired, there are minimum salary requirements in order for you to rejoin the retirement system. If you are restored to active service at a salary equal to or in excess of the maximum salary, you may be required to suspend your pension and rejoin the retirement system.

Reporting Your Earnings

As part of your Retiree Annual Statement, you will receive a Report of Post-Retirement Employment form. If you have had earnings after retirement, please complete the form and return it to us. If your reported earnings exceed the limit, we may reduce or suspend your pension to recover any overpayment.

Receiving Service Credit

If you rejoin the Retirement System, your original membership will be reinstated and you will receive all service previously credited. This service will be considered in the calculation of any subsequent retirement benefit. You will not receive credit for post-retirement employment under Section 102 or Section 402.

Contact Us

For More Information

If you have any questions about working after retirement, visit our website at www.osc.state.ny.us/retire, or call us toll-free at 1-866-805-0990 (518-474-7736 in the Albany, New York area). You can also make an appointment to visit an Information Representative at any of our 16 consultation sites by calling one of the numbers listed above. A list of sites can be found on our website, or you may write to us directly at:

New York State and Local
Retirement System
110 State Street
Albany, New York 12244-0001.

Finally, for information about post-retirement issues and services available after retirement, request a copy of our booklet, *After Retirement: A Guide for Retirees*.

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Retirement System

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This publication provides a general summary of retiree benefits, rights and responsibilities, and is not a substitute for any New York State or federal law. For specific information about your benefits, please contact us.



Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

Retirement Option Election Form For Tier 3, 4, 5 and 6 ERS Members

RS 6399

(Rev. 4/13)

MAKE NO ALTERATIONS TO THIS FORM. Please review carefully the options available and the instructions provided. You must: 1) elect an option by checking the appropriate box, 2) sign the completed form, 3) have it notarized, and 4) return it promptly.

IMPORTANT: You must file your Option Election form before your pension becomes payable, which is the first day of the month following your retirement. You have up to 30 days after your pension benefit becomes payable to change your option selection. If your election is not timely, by law, we must process your retirement as if you had selected the Single Life Allowance (Option 0).

INFORMATION ABOUT YOU	
1. Name (First, Middle, Initial, Last)	3. Social Security Number*
2. Address	4. Registration Number
	5. Date of Birth
	Month Day Year

*Social Security Number required. (See statement on reverse side.)

To the Comptroller of the State of New York:

Single Life Allowance (Option 0) 000	<input type="checkbox"/> I elect to receive the maximum lifetime retirement allowance payable to me. Stop all payments at my death. I understand that under this option I cannot elect a beneficiary.
Joint Allowance – Full (Option 1) 100	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance, based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying the same monthly amount to my beneficiary for life. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary after the last day of the month in which I retire.
Joint Allowance – Partial (Option 2) <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% 025 – 050 – 075	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance, based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue a percentage of my retirement allowance to my beneficiary for life. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary after the last day of the month in which I retire. (If you take this option, you must also check the percentage you wish to be continued to your beneficiary.)
Five Year Certain (Option 3) 006	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance. If I die within five years after my retirement date, continue paying my retirement allowance for the remainder of the five years to my beneficiary. If my beneficiary predeceases me, but I also die within five years following my retirement, continue payments for the rest of the five year period to another beneficiary I may name. If there is no surviving beneficiary, make a lump sum payment to my Estate. If I die more than five years after my retirement date, stop all payments at my death.
Ten Year Certain (Option 4) 007	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance. If I die within ten years after my retirement date, continue paying my retirement allowance for the remainder of the ten years to my beneficiary. If my beneficiary predeceases me, but I also die within ten years following my retirement, continue payments for the rest of the ten year period to another beneficiary I may name. If there is no surviving beneficiary, make a lump sum payment to my Estate. If I die more than ten years after my retirement date, stop all payments at my death.

OPTIONS CONTINUED ON BACK

Pop-Up Joint Allowance – Full
(Option 5)

008

☐

I elect to receive a reduced lifetime retirement allowance, based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying the same amount to my beneficiary for life. If my beneficiary predeceases me, change my allowance to the Single Life Allowance (Option 0) amount and stop all payments at my death. I understand that I cannot change my beneficiary after the last day of the month in which I retire.

Pop-Up Joint Allowance – Half
(Option 5)

009

☐

I elect to receive a reduced lifetime retirement allowance, based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying one-half of my retirement allowance to my beneficiary for life. If my beneficiary predeceases me, change my allowance to the Single Life Allowance (Option 0) amount and stop all payments at my death. I understand that I cannot change my beneficiary after the last day of the month in which I retire.

If you elect the Single Life Allowance (Option 0) do not provide any beneficiary information.

If you wish to elect one of the other options, please read all of the information on this form and then complete the following section. Use the beneficiary's given name: Mary Smith **NOT** Mrs. John Smith. If you elect a Year Certain option and wish to name more than one beneficiary, please let us know and we will provide you with an appropriate form. Please print plainly or type.

INFORMATION ABOUT YOUR OPTION BENEFICIARY

1. Beneficiary's Name

3. Beneficiary's Social Security Number*

2. Beneficiary's Address (Include Street, City, State and Zip Code)

4. Relationship of Beneficiary to You

5. Beneficiary's Date of Birth

Month

Day

Year

*Social Security Number required. (See statement below.)

Retiree's Signature (sign name in full)

Acknowledgement To Be Completed by a Notary Public

State of _____ County of _____

On the _____ day of _____ in the year _____, before me, the undersigned, personally appeared

_____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s)

whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies) and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC (Please sign and affix stamp)

Electing an Option

The option you elect is important to both you and your beneficiary. Be sure you understand the nature of each option, and elect the one that best fulfills your needs. Also, be sure that you have checked the proper box for the option that you wish to elect. On this form, you are selecting a method of payment. When you have completed this form and have had it notarized, the original should be returned to: **New York State and Local Retirement System**, 110 State Street, Albany, New York 12244. We will acknowledge receipt of the option selection by sending you a letter.

Designating a Beneficiary

Only one beneficiary may be named in a Joint Allowance or Pop-Up option. Under these options, proof of your beneficiary's date of birth must be submitted.

If you elect one of the Years Certain Options, you may designate more than one beneficiary. If you wish to do so, please notify the Retirement System so that we may send you the proper form for completion. If you elect a Years Certain Option, you may designate your Estate as beneficiary. Under these options, you may change your beneficiary at any time. For each change of beneficiary(ies), you must submit a form which can be obtained from the Retirement System.

Information Services

Information Representatives are available at 16 consultation sites throughout New York State. To find the one nearest you, visit our website at www.osc.state.ny.us/retire. You can also contact our Call Center toll-free at (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.

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.



Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

For Office Use Only

Receipt Date

Designation of Beneficiary With Contingent Beneficiaries

RS 5127

(Rev. 9/14)

**THIS FORM MUST BE SIGNED, NOTARIZED AND FILED WITH THE
RETIREMENT SYSTEM PRIOR TO YOUR DEATH TO BE EFFECTIVE.**

Please **PRINT** clearly, using only blue or black ink.

Member/Pensioner Information

Registration/Retirement Number: _____

Last 4 Digits of Social Security Number* _____

Name: _____

Former Name: _____

Home Address: _____

City, State, Zip Code: _____

Date of Birth: _____

Telephone Number: _____

Email Address: _____

Employed By: _____	Employer Address: _____
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IMPORTANT INFORMATION REGARDING THIS FORM

- If you find this form is not suited to the type of designation you prefer please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. If you wish to designate more beneficiaries than this form allows or to designate a Trust, Guardianship or payment under the Uniform Transfers to Minors Act please contact the Retirement System for the appropriate form.
- Attachments to your beneficiary form are **unacceptable**.
- New beneficiary forms filed will supersede any previous designation. Therefore, if you want to **add** or **delete** a beneficiary, for example a new child, you must include on the new form **all** beneficiaries you wish to designate.
- The same person or persons cannot be designated as both primary and contingent beneficiaries. We make payment to a contingent beneficiary(ies) only if **all** primary beneficiary(ies) die before you do.
- If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. Your estate can be named as either primary or contingent beneficiary. However, if you name your estate as primary beneficiary, you may not name any contingent beneficiary.
- This form is for designating beneficiaries to receive your ordinary death or post retirement death benefit. You may not designate beneficiaries to receive accidental death benefits. The beneficiaries entitled to receive accidental death benefits are mandated by statute.

Make sure that you:

- **Complete all requested information.**
- **Sign and date the form.**
- **Have the form notarized, making sure the notary has entered the date his or her commission expires.**
- **Mail your completed form to:**
New York State and Local Retirement System
Member & Employer Services
Registration – Mail Drop 5-6
110 State Street
Albany, NY 12244-0001

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the System's inability to pay benefits the way you prefer. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement Systems, Albany, NY 12244. For questions concerning this form, please call 1-866-805-0990 or 518-474-7736.

* SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to sections 11, 31, 34 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.

Please go to the reverse side of this form to designate beneficiaries, sign and date the form, and have the form notarized.

Do not alter this form or make stipulations. The use of correction fluid or other alterations on this form will render the designation invalid.

To the Comptroller of the State of New York.

Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive any ordinary death or post retirement death benefit, payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change this designation at any time.

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, any ordinary death or post retirement death benefit payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. If I out-live all of these contingent beneficiaries, any benefit payable should be paid to my estate. I reserve the right to change this designation at any time.

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

Name ☐ Male ☐ Female

Address

Relationship Birth Date

Telephone Number

This form must be signed, dated and notarized in order to be valid

Member/Pensioner Signature

Date

Acknowledgement To Be Completed by a Notary Public

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public Stamp

NOTARY PUBLIC (Please sign and affix stamp)