



INSTRUCTIONS

PLEASE READ CAREFULLY

- Please file this form if you are an in-service TRS member requesting that TRS determine your eligibility for reinstatement to your previous membership/tier status, as well as any associated cost. (To effect a reinstatement, you must repay any contributions refunded to you when your previous membership(s) ceased, plus 5% interest compounded annually from the date of the refund to the date of repayment.)
- TRS must receive this form before your effective retirement date.
- TRS will notify you of our determination of your eligibility for reinstatement. If you are eligible, we will also notify you of the cost (if any) and provide additional information about reinstatement.
- If there is a cost associated with reinstatement, TRS must receive your lump-sum payment within 30 days of the date of your notification letter; otherwise, this form would be canceled and you would not be reinstated at this time.
- You may submit another "Membership/Tier Reinstatement Request Form" any time before your effective retirement date; this would result in a new calculation of any cost associated with reinstatement.
- For your convenience, TRS forms and publications are available on our website. If you need additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.

Section 645 of the Retirement and Social Security Law

Members who previously lost their membership rights in TRS or in other New York public retirement systems may elect to be reinstated to their previous membership (*i.e.*, to have their membership date changed to their former membership date in TRS or the retirement system to which they belonged). If that membership was based on a different tier, members may also be reinstated to that tier. Members who have had more than one previous membership may choose the membership to which they would be reinstated.

Other eligible retirement systems include the New York City Employees' Retirement System (NYCERS), the New York City Board of Education Retirement System (BERS), the New York City Police Pension Fund, the New York City Fire Department Pension Fund, the New York State Teachers' Retirement System (NYSTRS), the New York State and Local Employees' Retirement System (NYSLEERS), and the New York State and Local Police and Fire Retirement System (NYSLPFRS).

In Part A: All information must be provided.

In Part B: You must provide the specific information requested about the membership that you would like reinstated.

If you have filed a service retirement application (or plan to file one in the near future), you must indicate your expected retirement date.

If you need more space to list additional previous memberships, you may attach a separate sheet. You must provide your name, the last four digits of your Social Security number, TRS membership number, and signature on each additional sheet you provide.

In Part C: You must sign and date this form.

GENERAL PROVISIONS

- If you have already purchased credit for optional service (*e.g.*, prior service) for the period on which the membership/tier reinstatement would be based, you must still make a lump-sum payment representing any contributions (plus applicable interest) refunded to you when your previous membership(s) ceased; otherwise, your reinstatement would not be effected. If your original membership service was in TRS, that optional service would be considered membership service upon payment. If this service was in another New York public retirement system, it would remain prior service.
- If you are a Tier III, IV, or VI member who is reinstated to a Tier I or II membership, you may elect to receive a refund for any prior service credit purchased relative to the reinstated membership. Any purchase of prior service credit that is not yet complete at the time of your reinstatement would cease at that time; payments received would be refundable upon request. If you choose not to apply for a refund, these funds would remain in your Annuity Savings Fund (ASF) account and may increase the retirement benefit payment payable to you.
- If you are reinstated to a different tier and have an outstanding Qualified Pension Plan (QPP) loan balance, the outstanding loan would be recalculated to take into account different tier rules (*e.g.*, insurance and interest rates).

MEMBERSHIP/TIER REINSTATEMENT REQUEST FORM
UNDER SECTION 645 OF THE RETIREMENT
AND SOCIAL SECURITY LAW



TEACHERS' RETIREMENT SYSTEM
OF THE CITY OF NEW YORK (TRS)
55 Water Street, New York, NY 10041
www.trsnyc.org • 1 (888) 8-NYC-TRS

Please read the instructions before completing this form.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

PART A: All information must be provided.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.		Current TRS Membership Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
			(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so *do not enter a temporary address*; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please access our website or file a "Member's Change of Address Form" (code DM13) with TRS.

If you are providing new information above, please indicate the effective date: / /

PART B: You must indicate the specific information requested about the membership that you would like reinstated. Please check the appropriate box and enter the information requested. If you have filed for retirement or plan to do so in the near future, you must also indicate your expected retirement date.

Previous New York City/New York State retirement system:

- NYC Teachers' Retirement System (NYCTRS) NYC Employees' Retirement System (NYCERS)
- NYC Police Pension Fund NYC Fire Department Pension Fund NYC Board of Education Retirement System (BERS)
- NYS and Local Employees' Retirement System (NYSLEERS) NYS and Local Police and Fire Retirement System (NYSLPFRS)
- NYS Teachers' Retirement System (NYSTRS): You must list the district(s) or school(s) where you worked:



Former name under which you held membership (if applicable): _____

Approximate dates of service (from MM/DD/YYYY to MM/DD/YYYY): _____

Previous membership number (if available): _____

Previous position(s): _____

Expected date of retirement from TRS (if applicable): _____

PART C: Please read the following statement and sign and date below.

I am filing this form to request that TRS determine my eligibility for reinstatement to my previous membership/tier status, as well as any associated cost. I understand that any payment amount must include the amount of contributions refunded to me when my previous membership(s) ceased, plus 5% interest compounded annually from the date of refund to the date of repayment. I understand that TRS must receive any payment due within 30 days of the date of my notification letter. I acknowledge that failure to make this payment within those 30 days would render my request for reinstatement void; however, I may reapply by filing another "Membership/Tier Reinstatement Request Form" at any time before my effective retirement date. (This would result in a new calculation of the cost of membership reinstatement, due to additional interest.)

MEMBER'S SIGNATURE _____ DATE (MM/DD/YYYY) _____

