



NEW YORK STATE RETIREMENT SYSTEM DECLINATION FORM

EMPLOYEE NAME _____ JOB TITLE **Poll Worker**

DATE OF APPOINTMENT _____

Have you ever been a member of any public New York State Retirement System?

☐ ***Yes. I am currently enrolled.***

☐ ***Yes. I had a prior enrollment.***

☐ ***No. I am not a prior member of any public NYS Retirement System.***

In accordance with Section 45 of the Retirement and Social Security Law, we are required to inform new employees who work in the following capacities that membership in the New York State Retirement System is optional.

_____ Provisional under Civil Service Law, Section 65

_____ Temporary under Civil Service Law, Section 64

_____ Annual salary less than minimum wage

_____ Less than 12-month employment

X Seasonal

_____ Less than 30 hours per week

_____ Less than the established standard workday for the position

I have read and understand the above. Currently, I choose **not** to apply for membership in the New York State Retirement System.

DATE _____ EMPLOYEE NAME _____

SIGNATURE _____