

ULSTER COUNTY PERSONNEL DEPARTMENT

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PATRICK K. RYAN
County Executive



SHEREE CROSS
Personnel Officer

JAMES FARINA
Director of Employee Relations

**DECLINATION OF MEMBERSHIP NEW YORK STATE & LOCAL
EMPLOYEES' RETIREMENT SYSTEM**

This is to certify that I have been advised by my employer, the County of Ulster, of my right to join the New York State & Local Employees' Retirement System (NYS&LRS) and of the rights, benefits, and obligations pertaining to such membership.

Upon review, please check all applicable boxes below:

- ☐ I certify that I am not currently an active member of the NYS&LRS.
- ☐ I understand that upon full time permanent appointment to ANY position my membership in the NYS&LRS becomes MANDATORY and an APPLICATION FOR MEMBERSHIP form must be completed.
- ☐ I understand that if in the future, I join the NYS&LRS with another employer I am obligated to join as an employee of the County of Ulster and it is my responsibility to notify the Ulster County Personnel Department and complete the membership application immediately.
- ☐ I understand this certificate of waiver is revocable by me at any time, in writing, to the Personnel Department and upon completion of the Application for Membership Form, or upon permanent full time appointment, whichever comes first.
- ☐ I certify that, as my membership is optional at this time, I wish to DECLINE to join the NYS&LRS as described.

Name: _____ Date: _____

Signature: _____

Status (circle one): Part Time Temporary Retired Provisional

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