

**State University of New York  
Retirement Program  
Election Form**

(Please type or print)

Name: \_\_\_\_\_

Last four digits of SS#: \_\_\_\_\_

Phone#: \_\_\_\_\_

College: \_\_\_\_\_

SUNY Delhi

(This form must be submitted to the Office Human Resources of your college within 30 days of your date of hire.)

1. I hereby elect to participate in the New York State Employees' Retirement System (ERS)

2. I have been advised of my eligibility and elect to decline membership in a Retirement System at this time

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(mm/dd/yyyy)

**Note: When applicable, upon timely receipt of this form the Human Resources Office will send you the appropriate application and other forms to enroll in the retirement program above.**