



Port Jervis

SCHOOL DISTRICT

Business Office
9 Thompson Street
Port Jervis, New York 12771

Phone (845) 858-3100 X15536
Fax (845) 858-3187

Retirement System Declaration Statement

I hereby acknowledge that I have been informed by the Port Jervis City School District, my employer, that as an employee not currently a member of the Retirement System who is or will be rendering less than full-time service, I may, as a matter of right, join the Retirement System. I further acknowledge that I understand under present law if I elect to join the Retirement System, I must complete a membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute, pursuant to Article 15, 3% of my salary to the Retirement System.

Please check one and return to School Business Office at 9 Thompson Street.

_____ I understand my option and I do not want to join the Retirement System.

_____ I understand my option and wish to join the Retirement system. I will complete a membership application at the School Business Office.

(Date)

(Signature)