



HUMAN RESOURCES DEPARTMENT

90 Church Street | 5th FL | New York, NY 10007 | (212) 306-8000

Request for Transfer/Reinstatement of Pension Membership

I, _____, residing at _____
(Current Address)

have accepted an appointment in the title of _____

with the New York City Housing Authority at _____
(Work Location)

effective _____ With a current salary of \$ _____ /year.

I am a member of the New York City Employee's Retirement System and was formerly employed with
the city of New York at _____
(Previous Employer)

I hereby request that my membership be transferred to the New York City Housing Authority.

I certify that I have not received a refund of my pension contributions nor have I been out of City service for more than five (5) years.

Pension Membership No.: _____

Last Four Digits of Your Social Security No.: _____

Your Signature: _____

Please return this form to: **New York City Housing Authority**
Employee Benefits Division
90 Church Street, 5th Floor
New York, NY 10007