

# Termination Request

## Employer Contribution Stabilization Program (Chapter 57, Laws of 2010)

## Alternate Program (Chapter 57, Laws of 2013)

(Rev. 12/23)

Name of Employer: \_\_\_\_\_ Location Code: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(print name) (Chief Executive Officer/Chief Financial Officer)

do hereby affirm that I am authorized to act on behalf of the above-listed participating employer of the New York State and Local Retirement System and that the employer hereby elects to terminate participation in the Contribution Stabilization Program (Chapter 57, Laws of 2010), or the Alternate Program (Chapter 57, Laws of 2013), for payment of retirement contributions.

- Employees' Retirement System only
- Police and Fire Retirement System only
- Both Retirement Systems

I understand that in order to terminate participation, all outstanding Chapter 57 amortization balances must be paid in full.

Elections to terminate participation received by April 1 will take effect for the *following* invoice. For example, forms submitted by April 1, 2024 would terminate participation for the bill due by February 1, **2025**, and ensure that no graded payment would be required.

Any reserve balance will automatically be applied toward a portion of the employer's future invoice payments until reserve funds are depleted.

Employers who withdraw from either program may opt into the original Contribution Stabilization Program (or rejoin) if their reserve balance is zero and they are eligible to amortize. The Alternate Program is closed to new entrants. If you withdraw from the Alternate Program, you **cannot** rejoin.

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

Please email the completed form as an attachment to [NYSLRS\\_Billing@osc.ny.gov](mailto:NYSLRS_Billing@osc.ny.gov), or mail to:

NYSLRS  
Employer Billing Unit  
110 State St  
Albany, NY 12244-0001