

IMMIGRATION CONTROL AND REFORM ACT OF 1986

The SUFFOLK COUNTY DEPARTMENT OF PARKS, RECREATION AND CONSERVATION, has completed an I-9 form and examined the necessary documentation for the following employee in accordance with the requirements set forth in the Immigration Reform and Control Act of 1986. It has been determined that this employee is eligible for employment in the United States as of the date of hiring. If the employee's eligibility for employment has an expiration date, eligibility will be re-evaluated at the time of expiration and the I-9 form will be updated. The completed I-9 forms together with copies of the qualifying documents are presently on file and will remain on file for the length of time required by law.

NAME: Carmine Marceno

SOCIAL SECURITY NUMBER: _____

Appointing Authority: Ginger Fisher Date: 5/5/98

Joint Retmt

*Shield #
S246*

Name Carmine Marceno, Jr.
Social Security No. _____
Shield S246 D.O.B. 4/30/72
Date of Appt. May 11, 1998
Hgt. 5' 8 Wgt. 155 Eyes Bro

THIS CARD IDENTIFIES THE BEARER TO BE A MEMBER OF THE PARK POLICE, COUNTY OF SUFFOLK, N.Y. MISUSE OR FAILURE TO SURRENDER CARD UPON TERMINATION OF EMPLOYMENT IS IN VIOLATION OF SECTION 190-25, NYS.PL., CLASS "A" MISDEMEANOR. 43-0237.1/95Mc



*Valid
4/20/98*



COUNTY OF SUFFOLK



ROBERT J. GAFFNEY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF
S, RECREATION AND CONSERVATION

MICHAEL R. FRANK
COMMISSIONER

ENROLLMENT INTO THE NEW YORK STATE RETIREMENT SYSTEM

It is my understanding that I am entitled to join the New York State Retirement System as advised by my employer, the Suffolk County Department of Parks, Recreation and Conservation. As stated, I will pay three percent (3%) of my bi-weekly salary for membership effective date being my first date of employment.

I would like to become a member

I would not like to become a member

Car M

SIGNATURE

04-29-98

DATE



MARCELO. CARMINI

DOB 04-30-1972

2002 SUFFOLK COUNTY DEPT OF PARKS SEASONAL STANDARD PAYROLL

| | | | | | | | | | | | | | |
|-------------------------------|---------|---------------------|--------|-------------------------|--------|---------------------------|---------|-----------------------------|-----------|---------------------------|----------|----------------------------|----------|
| name: <u>MARCENO, CARMINE</u> | | SS #: <u>483</u> | | position: <u>PPD 03</u> | | \$ rate: <u>15.50</u> | | start date: <u>6/120/02</u> | | PPS date: <u>6/128/02</u> | | license id: <u>cert 11</u> | |
| park: <u>HQ</u> | | spec #: <u>5200</u> | | # hours: <u>37.5</u> | | hiatus start: <u>9/17</u> | | return: <u>1</u> | | PPS #: <u>0386</u> | | W/H # <u>A63 01</u> | |
| ck code: <u>269-019</u> | hrs wkd | b/w total | adjust | hrs paid | amount | p/r date | remarks | hrs wkd | b/w total | adjust | hrs paid | amount | p/r date |
| 12/19/01 | | | | | | | | | | | | | |
| 12/26/01 | | | | | | 01/10/02 | | 30 | 30 | | 30 | 40.5 | 07/11/02 |
| 01/02/02 | | | | | | 01/24/02 | | 45 | 83 | 2.5 | 85.5 | 132.5 | 07/25/02 |
| 01/09/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 1102.5 | 08/08/02 |
| 01/16/02 | | | | | | 01/07/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 08/22/02 |
| 01/23/02 | | | | | | 01/21/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 09/05/02 |
| 01/30/02 | | | | | | 03/07/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 09/19/02 |
| 02/06/02 | | | | | | 03/21/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 10/03/02 |
| 02/13/02 | | | | | | 04/04/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 10/17/02 |
| 02/20/02 | | | | | | 04/18/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 10/31/02 |
| 02/27/02 | | | | | | 05/02/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 11/14/02 |
| 03/06/02 | | | | | | 05/16/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 11/27/02 |
| 03/13/02 | | | | | | 05/30/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 12/12/02 |
| 03/20/02 | | | | | | 06/13/02 | | 37.5 | 37.5 | | 37.5 | 581.25 | 12/26/02 |
| 03/27/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 04/03/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 04/10/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 04/17/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 04/24/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 05/01/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 05/08/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 05/15/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 05/22/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 05/29/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 06/05/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |
| 06/12/02 | | | | | | | | 37.5 | 37.5 | | 37.5 | 581.25 | |

name: Marceno

COMPUTER USE POLICY FOR SUFFOLK COUNTY

The County reserves the right to remove a User account and/or eliminate or restrict User privileges at any time without notification.

I have read, understand and agree to the terms and conditions stated in this Policy governing use of the County's computer Resources. I further understand that a violation of this Policy will result in, among other things, disciplinary action, up to and including termination of employment as well as the imposition of any available civil and criminal sanctions.

 June 20, 2002
Signature Date

Carmine Marens June 20, 2002
Print Name

01-7110-113



New York State and Local Retirement Systems
Employees' Retirement System
Police and Fire Retirement
H. Carl McCall, State Comptroller

Gov. Smith State Office Building, Albany, New York 12244
Telephone: 518-474-7736 <http://www.osc.state.ny.us>
Fax: 518-402-4433 E-mail: nyslrsinfo@nyslrs.osc.state.ny.us

NOV 29 2001

7110
JMP

Parks

September 11, 2001

Suffolk County
Mrs Joy Penny
100 Veterans Memorial Hwy
Po Box 6100
Hauppauge NY 11788-0099

RE: Mr Carmine D Marceno
S.S. No.:
Reg. No.: 4015612-7

EPPS 12/4/01
NB

Dear Employer:

The following information relates to your employee who has been registered to membership in the New York State And Local Employees' Retirement System.

| | |
|----------------------------|-----------------------|
| Name | Mr. Carmine D Marceno |
| Social Security No. | |
| Registration No. | : 4015612-7 |
| Tier | : 4 |
| Date of Membership | : August 31, 2001 |
| Retirement Plan | : A15 |
| Required Contribution Rate | : 0.0300 |

The required rate shown above should be applied against all future salary earned.

The member's registration number, contributions, and service and salary data must be shown on all monthly reports submitted to the Retirement System.

If this employee is required or elects to pay arrears for a previous period of service, you will be notified of the arrears deductions to be made. Arrears deductions should not be made unless authorized by this office.

Please note that any contributions taken on payrolls ending after 6/30/89 are subject to the provisions of Section 414-h of the Federal Internal Revenue Code. Consequently, the member's salary used for Federal Income Tax purposes should be reduced by the amount of the contributions. This reduction does not apply to Social Security taxes or to State or local income taxes.

Sent to Dept & Audit
& Control 11/28/01

Sincerely,

A handwritten signature in cursive script that reads "Helen Sargent". The signature is written in dark ink and is positioned below the word "Sincerely,".

Helen Sargent
Employees' Retirement
System Examiner V

HS/MB264

| | | | | | | | | | | | | | | |
|---|---------|------------------------|--------|-----------------------|--------|---------------------|---------|-----------------------------|-----------|---------------------------|----------|-----------------------------|-----------|----------------------|
| name: <u>MARCENO CARHINE</u> | | park: <u>HQ</u> | | position: <u>R003</u> | | rate: <u>15.00</u> | | start date: <u>12/15/00</u> | | PPS date: <u>12/15/00</u> | | license: <u>4 cert card</u> | | |
| SS #: <u>269019</u> | | ck code: <u>269019</u> | | spec #: <u>5000</u> | | # of hrs: <u>15</u> | | 20 weeks: <u>0081</u> | | PPS PC #: <u>0081</u> | | W-4: <u>11T21041 JA631</u> | | |
| wk end | hrs wkd | b/w total | adjust | hrs paid | amount | pl/r date | remarks | hrs wk | b/w total | adjust | hrs paid | amount | pl/r date | remarks |
| 12/22/99 | | | | | | 01/13/00 | | | | | | | 07/13/00 | |
| 12/29/99 | | | | | | 01/27/00 | | | | | | | 07/27/00 | |
| 01/05/00 | | | | | | 02/10/00 | | | | | | | 08/10/00 | |
| 01/12/00 | | | | | | 02/24/00 | | | | | | | 08/24/00 | |
| 01/19/00 | | | | | | 03/09/00 | | | | | | | 09/07/00 | |
| 01/26/00 | | | | | | 03/23/00 | | | | | | | 09/21/00 | |
| 02/02/00 | | | | | | 04/06/00 | | | | | | | 10/05/00 | |
| 02/09/00 | | | | | | 04/20/00 | | | | | | | 10/19/00 | |
| 02/16/00 | | | | | | 05/04/00 | | | | | | | 11/02/00 | |
| 02/23/00 | | | | | | 05/18/00 | | | | | | | 11/16/00 | |
| 03/01/00 | | | | | | 06/01/00 | | | | | | | 11/30/00 | |
| 03/08/00 | | | | | | 06/15/00 | | | | | | | 12/14/00 | |
| 03/15/00 | | | | | | 06/29/00 | | | | | | | 12/28/00 | |
| 03/22/00 | | | | | | | | | | | | | | |
| 03/29/00 | | | | | | | | | | | | | | |
| 04/05/00 | | | | | | | | | | | | | | |
| 04/12/00 | | | | | | | | | | | | | | |
| 04/19/00 | | | | | | | | | | | | | | |
| 04/26/00 | | | | | | | | | | | | | | |
| 05/03/00 | | | | | | | | | | | | | | |
| 05/10/99 | | | | | | | | | | | | | | |
| 05/17/00 | | | | | | | | | | | | | | |
| 05/24/00 | | | | | | | | | | | | | | |
| 05/31/00 | | | | | | | | | | | | | | |
| 06/07/00 | | | | | | | | | | | | | | |
| 06/14/00 | | | | | | | | | | | | | | |
| 2000 SUFFOLK COUNTY DEPT OF PARKS SEASONAL STANDARD PAYROLL | | | | | | | | | | | | | | NAME: <u>MARCENO</u> |



Article 15 Membership Registration

AUG 17 2001

RS 5420

(Rev. 11/00)

New York State and Local Retirement Systems, Gov. Smith State Office Building, Albany, New York 12244-0145

IF YOUR MEMBERSHIP IS OPTIONAL, DO NOT COMPLETE OR SUBMIT THIS FORM UNLESS YOU DESIRE TO BECOME A MEMBER.
If your employment is on a part-time, temporary or provisional basis, or less than 12 months per year, membership is optional.

Instructions: Please print plainly or type.

This form must be signed and notarized on reverse side.

Employee: Complete items 1-7 and reverse side.

Employer: Complete the Important Information box and items 8-13.

FOR REGISTRATION NUMBER CALL: (518) 474-3081 or fax the application at (518) 486-4382.

This completed membership application must be mailed to the Retirement System for the membership to be effective.

IMPORTANT INFORMATION: Has this person been registered to membership by means of the telephone or fax registration system? ☐ Yes ☒ No (If yes, enter the information given to you in the boxes below.)

In order to complete the registration process this membership registration form must be received by the Retirement System.

| Location Code | Plan Code | Group Code | Date of Membership | Amends Code | Registration Number |
|---------------|-----------|------------|--------------------|-------------|---------------------|
| 10047 | | | Mo. Day Yr. | | |

Receipt Stamp
For ERS purposes only

| | | | | | |
|---------------------------|-----|---------|-------------------------------------|--------------------------|---------------------------|
| Employee's Name Last | | First | | Middle Initial | |
| 1 MARCENO | | CARMINE | | D | |
| Employee's Address Street | | City | | State Zip Code + 4 | |
| 2 | | | | | |
| 3 Date of Birth | | Sex | *Social Security Number | | Maiden or Other Name Used |
| Month | Day | Year | M | F | |
| 04 | 30 | 72 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

*Social Security Number Required (See Note at Bottom of Page)

| | | |
|---|--|---|
| Are you currently a member of any other public retirement system? | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If yes, what is the name of the system? | | What REGISTRATION NUMBER (if known)? |
| 4 | | |

WARNING: If you are now a member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this system. Failure to contact that system could cause loss of the privilege of transferring membership.

| | | |
|---|--|---|
| Have you ever been a member of the New York State Employees' Retirement System? | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, under what name? | | What REGISTRATION NUMBER (if known)? |
| 5 MARCENO, CARMINE, D | | unknown |

| | | |
|---|--|---|
| Are you receiving or are you about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in the State? | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If yes, what is the name of the System? | | What REGISTRATION NUMBER or RETIREMENT NUMBER (if known)? |
| 6 | | |

List below all previous periods of employment with New York State or any New York State public entity (County, City, Town, Village, School District, Public Authority, or Special District). Include any military service. Attach additional sheets if required.

| 7 Name of Employer or Agency | Name of Dept. or Agency | Title of Position | From | | | To | | | Indicate if Permanent or Temporary, and Full or Part Time |
|------------------------------|-------------------------|---------------------|------|-----|------|---------|-----|------|---|
| | | | Mo. | Day | Year | Mo. | Day | Year | |
| S.C. PARK POLICE | | | | | | | | | |
| SUFFOLK COUNTY | S.C. PARK POLICE | POLICE OFFICER | 12 | 09 | 00 | PRESENT | | | PART TIME |
| | PARKS | SEASONAL PARKRANGER | | | | | | | SEASONAL |

To be completed by present employer:

Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division, or Institution)

| |
|---|
| 8 SUFFOLK COUNTY PARKS, RECREATION + CONSERVATION |
|---|

| | | | | | |
|---------------------------|-------------|---------|-------|--------------|---------------------------|
| Employer's Address Street | City | County | State | Zip Code + 4 | Employer Telephone Number |
| 9 PO Box 144 | W. Sayville | Suffolk | NY | 11796 | 631 854-4960 |

| | |
|--------------------------|---------------------|
| Payroll Title | Employer Fax Number |
| 10 PARKRANGER (SEASONAL) | 631 854-4989 |

| | | | | | | | | | | | |
|---|-----|------|-------------------------------|-----|------|--|-----|------|---|-----|------|
| Enter the Date or Dates Relating to Employee's Present Position | | | | | | | | | | | |
| Part-Time Employment | | | | | | Full-Time Employment | | | | | |
| Date of First Appointment | | | Date of Permanent Appointment | | | Date of Temporary or Provisional Appointment | | | Date of Permanent or Probationary Appointment | | |
| Month | Day | Year | Month | Day | Year | Month | Day | Year | Month | Day | Year |
| 12 | 09 | 00 | | | | | | | | | |

| | |
|---|--|
| Frequency of Payment | |
| 12 Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> | Semi-Monthly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/> |
| If Other Specify _____ | |

| | |
|---|--------------------------------|
| Basis of Compensation and Rate | |
| 13 Annual \$ _____ Daily \$ _____ Hourly \$ 15.50 | Maintenance Allowance (if any) |
| Units of Work Performed \$ 15.50 per 42 (Example: \$50 per meeting or \$10 per examination, etc.) | |

*NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11 and 34 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.
NOTE: In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement System, Albany, NY 12244-0145; telephone number (518) 474-3524.

To Be Completed by Employee (Also see reverse side)
To Be Completed by Employer

Important: If you find this form is not suited for the type of Designation you prefer, please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should

make an interim designation using this form. Beneficiaries' complete name, address, date of birth and relationship must be provided. Do not designate yourself. If additional space is needed you may enter two names on a line. This is a legal document and, therefore, this form must not be altered.

14 To the Comptroller of the State of New York.
Designation of Primary Beneficiary(ies)

I hereby name the following as beneficiary(ies) to receive any death benefit payable on my behalf. I realize that, if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. If I have named more than one

beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change this designation at any time.

| | | |
|--|---|--|
| Name _____ | Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other | Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birth Date _____ | | Birth Date _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other |
| Address _____ | | Address _____ |
| Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other | Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birth Date _____ | | Birth Date _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other |
| Address _____ | | Address _____ |

15 Designation of Contingent Beneficiary(ies)

If all the above named beneficiaries die before I do, any benefits payable on my behalf shall be paid to the following. I realize that, if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. If I have named more than

one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. Furthermore, if I should out-live all these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name hereafter. I reserve the right to change the designation at any time.

| | | |
|--|---|--|
| Name _____ | Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other | Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birth Date _____ | | Birth Date _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other |
| Address _____ | | Address _____ |
| Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other | Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birth Date _____ | | Birth Date _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other |
| Address _____ | | Address _____ |

16 If you were previously a member of any public retirement system in New York State you may be eligible for tier reinstatement. To apply for tier reinstatement, please complete this section.

FORMER MEMBERSHIP INFORMATION:

PLEASE CHECK THE APPROPRIATE FIRST FORMER RETIREMENT SYSTEM YOU WERE A MEMBER OF:

- | | |
|---|---|
| <input type="checkbox"/> New York State Teachers' Retirement System | <input type="checkbox"/> New York City Board of Education Retirement System |
| <input type="checkbox"/> New York State and Local Employees' Retirement System | <input type="checkbox"/> New York City Teachers' Retirement System |
| <input type="checkbox"/> New York State and Local Police and Fire Retirement System | <input type="checkbox"/> New York City Police Pension Fund |
| <input type="checkbox"/> New York City Employees' Retirement System | <input type="checkbox"/> New York City Fire Pension Fund |

PLEASE COMPLETE THE FOLLOWING (If known):

Former Registration Number: _____ Date of Membership: _____
Former Name (if applicable): _____
Have you received credit for this former membership in any other retirement system? Yes _____ No _____
If Yes, what Retirement System _____
Are you receiving or eligible to receive a retirement allowance based on this service? Yes _____ No _____
Signature _____ Date _____

17 I have made my Designation of Beneficiary as shown above and acknowledge that my membership in the New York State and Local Employees' Retirement System is governed by the provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a 3% deduction will be made from my salary or compensation for retirement contributions until such time that I have been a member of the Retirement System for ten years or have ten years of credited service.

P.O. Con 246/809/6
Signature
8/9/01
Date

**ACKNOWLEDGEMENT
TO BE COMPLETED BY A NOTARY PUBLIC**

State of New York
County of Suffolk ss:

On this 9 day of AUGUST, 2001 before me personally appeared CARLINE MACCENO to me known and known to me to be the same person described in and who executed the foregoing instrument, and he duly acknowledged to me that he executed the same.

Nancy E. Bell
Notary Public
(Please Sign, Affix Stamp and Include Expiration Date)

Reviewed FOR OFFICE USE ONLY

Examined
NANCY E. BELL
Notary Public, State of New York
No. 01MS035552
Qualified in Suffolk County
Commission Expires Nov. 7, 2002

NAME: MARCELO CARMINDE POSITION: PP02 Start Date: 5-11-98 20 weeks 4 9/20 - R 10/4
 SS#: HQ EC #: 5600 RATE: 13.00 A63 [X] Cert Card [1]
 PARK: HQ # of Hrs: 37.5 PPS PC#: 0091 License [X] W-4 [X] IT-2104 [X]
 ck sort code: 269 019 Pd from 76-7113

| WK ENDING | HRS WKD | BW TOT | ADJUST | HRS PD | AMOUNT | THU PAY | REMARKS |
|-----------|---------|--------|--------|--------|---------|------------|-----------------------------|
| 05/26/99 | ✓ 30 | | | | | | |
| 06/02/99 | ✓ 30 | 91 | ✓ 13 | 10.5 | 1375.00 | ✓ 06/17/99 | ✓ 3658 |
| 06/09/99 | ✓ 37.5 | | | | | | |
| 06/16/99 | ✓ 37.5 | | | 7.5 | 975.00 | ✓ 07/01/99 | |
| 06/23/99 | ✓ 37.5 | | | | | | |
| 06/30/99 | ✓ 37.5 | | | 7.5 | 975.00 | ✓ 07/15/99 | |
| 07/07/99 | ✓ 50 | | | | | ✓ 07/29/99 | |
| 07/14/99 | ✓ 30 | | | | | ✓ 08/12/99 | |
| 07/21/99 | ✓ 30 | | | | | ✓ 08/26/99 | |
| 07/28/99 | ✓ 37.5 | | | | | ✓ 09/09/99 | |
| 08/04/99 | ✓ 37.5 | | | | | ✓ 09/23/99 | remains of pr money 3742.00 |
| 08/11/99 | ✓ 37.5 | | | | | ✓ 10/07/99 | TH 10760:9/10 |
| 08/18/99 | ✓ 37.5 | | | | | ✓ 10/21/99 | |
| 08/25/99 | ✓ 35 | | | | | ✓ 11/04/99 | TM 9/16/99 |
| 09/01/99 | ✓ 35 | | | | | ✓ 11/18/99 | |
| 09/08/99 | ✓ 7.5 | | | | | ✓ 12/02/99 | |
| 09/15/99 | ✓ 7.5 | | | | | ✓ 12/16/99 | |
| 09/22/99 | | | | | | ✓ 12/30/99 | |
| 09/29/99 | | | | | | | |
| 10/06/99 | | | | | | | |
| 10/13/99 | | | | | | | |
| 10/20/99 | | | | | | | |
| 10/27/99 | | | | | | | |
| 11/03/99 | | | | | | | |
| 11/10/99 | | | | | | | |
| 11/17/99 | | | | | | | |
| 11/24/99 | | | | | | | |
| 12/01/99 | | | | | | | |
| 12/08/99 | | | | | | | |
| 12/15/99 | | | | | | | |

SUFFOLK COUNTY DEPARTMENT OF PARK SEASONAL STANDARD PAYROLL

NAME: MARCELO CARMINE POSITION: PP-0102 Start Date: 5/11/98 22 WKS:
 Soc Sec #: 5600 091 Term Date: A63 [1] Cert Card [1]
 Location: HQ PPS PC#: 0097 0251 PPS Date: Licenser with holding [1]
 Ck Sort Code: 269019 # of Hrs: 37.5 RATE: 1000 1/199
13.00 090 7400 -

| WK ENDING | HRS WK | B/W TOT | ADJUST | HRS PD | AMOUNT | THU PAY | REMARKS |
|-----------|--------|---------|--------|--------|-------------|----------|---------------------|
| 12/23/98 | 15 | 30 | | | 330 | 01/14/99 | 1/5 SENT SEAS AGENT |
| 12/30/98 | 15 | 30 | | 30 | 330 | | |
| 12/31/98 | 0 | | | | | | adi |
| 01/06/99 | 15 | 30 | | | 345 | 01/28/99 | 1/1 MOVE TO PP02 |
| 01/13/99 | 15 | 30 | | 30 | 345 | | PR#1 330 - |
| 01/20/99 | 15 | 30 | | 30 | ADT + 45.00 | | |
| 01/27/99 | 15 | 30 | | 30 | 390 | 02/11/99 | PR#2 345 - |
| 02/03/99 | 15 | 30 | | 30 | 390 | 02/25/99 | PR#3 435 - |
| 02/10/99 | 15 | 30 | | 30 | 390 | 03/11/99 | PR#4 390 - |
| 02/17/99 | 15 | 30 | | 30 | 463 | 03/25/99 | PR#5 403 - |
| 02/24/99 | 15 | 30 | | 30 | 390 | 04/08/99 | PR#6 390 - |
| 03/03/99 | 15 | 30 | | 30 | 390 | 04/22/99 | PR#8 195 - |
| 03/10/99 | 15 | 30 | | 30 | 390 | 05/06/99 | PR#9 390 - |
| 03/17/99 | 15 | 30 | | 30 | 390 | 05/20/99 | PR#10 390 - |
| 03/24/99 | 15 | 30 | | 30 | 390 | 06/03/99 | PR#11 390 - |
| 03/31/99 | 15 | 30 | | 30 | 390 | | |
| 04/07/99 | 15 | 30 | | 30 | 390 | | |
| 04/14/99 | 15 | 30 | | 30 | 390 | | |
| 04/21/99 | 15 | 30 | | 30 | 390 | | |
| 04/28/99 | 15 | 30 | | 30 | 390 | | |
| 05/05/99 | 15 | 30 | | 30 | 390 | | |
| 05/12/99 | 15 | 30 | | 30 | 390 | | |
| 05/19/99 | 15 | 30 | | 30 | 390 | | |

7
 eytd = 3658.
 NAME MARCELO
 3742 -
 remains of
 7400 - 6

SOUTHERN COUNTY DEPARTMENT OF PUBLIC WORKS SEASONAL STANDARD PAYROLL

NAME: MARCENO, CARMIN POSITION: PD-01

Soc Sec #: 3:11 -

PARK: H2 SPEC #: 5200

CODE: 009 # of Hrs: PPS PC#: 0091

ADJUSTMENTS FOR SALARY INCREASE PRIOR TO PPS PROGRAMMING OF STEPS - 1922/98

Start Date: 9/21/98

Term Date: 10/5/98

PPS Date: 10/5/98

SEASONAL PARK P-1113

PPS date - 10/6/98

22 WKS:

A63 []

Licence []

Cert Card []

With holding []

| WK ENDING | HRS WKD | B/W TOT | ADJUST | HRS PD | AMOUNT | THU PAY | REMARKS |
|-----------|---------|---------|--------|--------|--------|----------|----------|
| 06/24/98 | | | | | | | |
| 07/01/98 | | | | | | 07/16/98 | YRS 4175 |
| 07/08/98 | | | | | | 07/30/98 | |
| 07/15/98 | | | | | | 08/13/98 | |
| 07/22/98 | | | | | | 08/27/98 | |
| 07/29/98 | | | | | | 09/10/98 | |
| 08/05/98 | | | | | | 09/24/98 | |
| 08/12/98 | | | | | | 10/08/98 | |
| 08/19/98 | | | | | | 10/22/98 | |
| 08/26/98 | | | | | | 11/05/98 | |
| 09/02/98 | | | | | | 11/19/98 | |
| 09/09/98 | | | | | | 12/03/98 | |
| 09/16/98 | | | | | | 12/17/98 | |
| 09/23/98 | | | | | | 12/31/98 | |
| 09/30/98 | | | | | | 01/15/98 | |
| 10/07/98 | | | | | | | |
| 10/14/98 | | | | | | | |
| 10/21/98 | | | | | | | |
| 10/28/98 | | | | | | | |
| 11/04/98 | | | | | | | |
| 11/11/98 | | | | | | | |
| 11/18/98 | | | | | | | |
| 11/25/98 | | | | | | | |
| 12/02/98 | | | | | | | |
| 12/09/98 | | | | | | | |
| 12/16/98 | | | | | | | |
| 12/23/98 | | | | | | | |
| 12/30/98 | | | | | | | |

Pay from 76-7113
rec'd card date 9/3

SI 8/24/98
T-21 8/21/98 YTD 6038.50002

red card 4/23

155.00
+15.00

NAME:

MARCENO

SUFFOLK COUNTY DEPARTMENT OF I KS SEASONAL STANDARD PAYROLL

NAME: MARCENO, CARMINE POSITION: PP-01 Start Date: 5/11/98 22 WKS: —
 Soc Sec #: — RATE: 10 SPEC #: 5600 Term Date: — A63 ☒ Cert Card ☐
 PARK: HQ # of Hrs: 375 PPS PC#: 571 PPS Date: 5/5/98 Licence: ☒ with holding ☐
 CODE: 04 009 711 824

| WK ENDING | HRS WKD | B/W TOT | ADJUST | HRS PD | AMOUNT | THU PAY | REMARKS |
|-----------|---------|---------|--------|--------|--------|----------|-------------------|
| 06/24/98 | 30 | | | | | | |
| 07/01/98 | 45 | 75 | 28.5 | 77.5 | 445.00 | 07/16/98 | |
| 07/08/98 | 37.5 | | | | | | |
| 07/15/98 | 37.5 | 75 | | 75 | 750.00 | 07/30/98 | |
| 07/22/98 | 30 | | | | | | |
| 07/29/98 | 22.5 | 52.5 | | 52.5 | 525.00 | 08/13/98 | |
| 08/05/98 | 30 | | | | | | |
| 08/12/98 | 30 | 30 | | 30 | 300.00 | 08/27/98 | |
| 08/19/98 | 44.5 | | | | | | New Seasonal Rate |
| 08/26/98 | 44.5 | | | | | 09/10/98 | |
| 09/02/98 | | | | | | | |
| 09/09/98 | | | | | | 09/24/98 | |
| 09/16/98 | | | | | | | |
| 09/23/98 | | | | | | 10/08/98 | |
| 09/30/98 | | | | | | | |
| 10/07/98 | | | | | | 10/22/98 | |
| 10/14/98 | | | | | | | |
| 10/21/98 | | | | | | 11/05/98 | |
| 10/28/98 | | | | | | | |
| 11/04/98 | | | | | | 11/19/98 | |
| 11/11/98 | | | | | | | |
| 11/18/98 | | | | | | 12/03/98 | |
| 11/25/98 | | | | | | | |
| 12/02/98 | | | | | | 12/17/98 | |
| 12/09/98 | | | | | | | |
| 12/16/98 | | | | | | 12/31/98 | |
| 12/23/98 | | | | | | | |
| 12/30/98 | | | | | | 01/15/98 | |

NAME: MARCENO

SEASONAL STANDARD PAYROLL

NAME: MARNENO, CARMINE POSITION: P.P. Start Date: 5/11/98 22 WKS:
Soc Sec #: SPEC #: 5200 Term Date: A63 [✓] Cert Card []
PARK: HQ PPS PC#: 971 PPS Date: 5/5/98 'Licence [✓] with holding [✓]
CODE: 04009 # of Hrs: 37.5 RATE: 10

| WK ENDING | HRS WKD B/W TOT | ADJUST | HRS PD | AMOUNT | THU PAY | REMARKS |
|-----------|-----------------|--------|--------|--------|----------|--------------|
| 12/24/97 | | | | | | |
| 12/25/97 | | | | | 01/15/98 | |
| 01/07/98 | | | | | | |
| 01/14/98 | | | | | 01/29/98 | |
| 01/21/98 | | | | | | |
| 01/28/98 | | | | | 02/12/98 | |
| 02/04/98 | | | | | | |
| 02/11/98 | | | | | 02/26/98 | |
| 02/18/98 | | | | | | |
| 02/25/98 | | | | | 03/12/98 | |
| 03/04/98 | | | | | | |
| 03/11/98 | | | | | 03/26/98 | |
| 03/18/98 | | | | | | |
| 03/25/98 | | | | | 04/09/98 | |
| 04/01/98 | | | | | | |
| 04/08/98 | | | | | 04/23/98 | |
| 04/15/98 | | | | | | |
| 04/22/98 | | | | | 05/07/98 | |
| 04/29/98 | | | | | | |
| 05/06/98 | | | | | 05/21/98 | |
| 05/13/98 | | | | | | |
| 05/20/98 | 30 | 30 | 30 | 300 | 06/04/98 | |
| 05/27/98 | 40 | | | | | |
| 06/03/98 | 37.5 | 74.5 | 74.5 | 775 | 06/18/98 | |
| 06/10/98 | 37.5 | | | | | |
| 06/17/98 | 37.5 | 75 | 75 | 750 | 07/02/98 | |
| 06/24/98 | | | | | | total = 1830 |

NAME:



New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System

H. Carl McCall, State Comptroller
Gov. Smith State Office Building, Albany, New York 12244

76-7113
* 01-7110

98 OCT 16 AM 10:33
SUFFOLK COUNTY DEPT
RISK MGT AND BENEFITS

October 8, 1998

Suffolk County
Mrs Joy Penny
700 Veterans Memorial Hwy
Po Box 6100
Hauppauge NY 11788-0099

RE: Mr Carmine D Marceno
S.S. No.:
Reg. No.: 3884909-7

Dear Employer:

The following information relates to your employee who has been registered to membership in the New York State And Local Employees' Retirement System.

| | |
|----------------------------|------------------------|
| Name | : Mr Carmine D Marceno |
| Social Security No. | |
| Registration No. | : 3884909-7 ✓ |
| Tier | : 4 |
| Date of Membership | : August 21, 1998 ✓ |
| Retirement Plan | : A15 |
| Required Contribution Rate | : 0.0300 |

The required rate shown above should be applied against all future salary earned.

The member's registration number, contributions, and service and salary data must be shown on all monthly reports submitted to the Retirement System.

If this employee is required or elects to pay arrears for a previous period of service, you will be notified of the arrears deductions to be made. Arrears deductions should not be made unless authorized by this office.

Please note that any contributions taken on payrolls ending after 6/30/89 are subject to the provisions of Section 414-h of the Federal Internal Revenue Code. Consequently, the member's salary used for Federal Income Tax purposes should be reduced by the amount of the contributions. This reduction does not apply to Social Security taxes or to State or local income taxes.

Sent Dept
10/19/98

Sincerely,

A handwritten signature in cursive script that reads "Helen Sargent". The signature is written in dark ink and is positioned below the word "Sincerely,".

Helen Sargent
Employees' Retirement
System Examiner V

HS/MB264

NOTE: Pursuant to Local Law No. 32-1989 and Local Law No. 9-1996, any employee hired or promoted to a position not being filled pursuant to Civil Service Law Competitive Examination, shall sign a sworn affidavit stating whether or not such individual is a spouse, issue, brother, sister, parent, brother-in-law, sister-in-law, parent-in-law, niece or nephew or any of the following County officials: the County Executive, a County Legislator, a Department Head or any other elected or appointed County official with the power to hire, fire or promote, Suffolk County District Court Judge, Suffolk County Family Court Judge, Suffolk County County Court Judge, Suffolk County Surrogate, Suffolk County Supreme Court Justice or Judge of any successor court thereto.

STATE OF NEW YORK)

)ss:

COUNTY OF SUFFOLK)

I, CARMINE MARENQ being duly sworn, depose and say:

That I am neither the spouse, issue, brother, sister, parent, brother-in-law, sister-in-law, parent-in-law, niece or nephew of any of the following County officials to wit: the County Executive, a County Legislator, a Department Head or any other elected or appointed County official with the power to hire, fire or promote, Suffolk County District Court Judge, Suffolk County Family Court Judge, Suffolk County County Court Judge, Suffolk County Surrogate, Suffolk County Supreme Court Justice or Judge or any successor court thereto, except: (Name of Suffolk County Official/Judge/Position of such official)

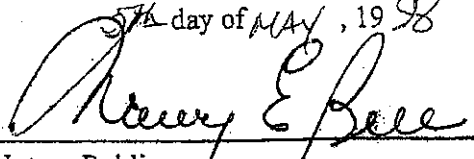
That I acknowledge receipt of a copy of Section A6-3 of the Suffolk County Administrative Code, I have read the aforesaid section and make this affidavit with the full knowledge that the County of Suffolk will rely upon this affidavit.



01-7110-113

Sworn to before me this

5th day of MAY, 19 98



Notary Public
NANCY E. BELL

Notary Public, State of New York

No. 01BE5035552

Qualified in Suffolk County

Commission Expires Nov. 7, 1998

S.C. PARKS - PERSONNEL

ID: 516-854-4989-

AUG 21 '98

5:05 No. 006 P.10

Article 15 Membership Registration

RS 5420

(Rev. 6/97)

New York State and Local Retirement Systems, One World Plaza, Albany, New York 12242-0140

IF YOUR MEMBERSHIP IS OPTIONAL, DO NOT COMPLETE OR SUBMIT THIS FORM UNLESS YOU DESIRE TO BECOME A MEMBER.
If your employment is on a part-time, temporary or provisional basis, or less than 12 months per year, membership is optional.

Instructions: Please print clearly and legibly.

This form must be signed and initialed by you and your employer.

Employer (Complete Items 1-7 and 12-13)

Employee: Complete the important information below and Items 8-13.

FOR REGISTRATION NUMBER CALL: (516) 474-6001 or for the registration of (516) 400-4300.

IMPORTANT INFORMATION: Has this person been registered to participate in the system of the telephone or his representative system? ☐ Yes ☐ No. If yes, enter the registration number in the box below.Receipt Stamp
For ERB purpose only

| Location Code | Plan Code | Group Code | Date of Membership | Age | Annuit. Code | Registration Number |
|---------------|-----------|------------|--------------------|-----|--------------|---------------------|
| 1004 | 7 | 4 | 8-21-98 | 18 | 3 | 8849017 |

| | | | |
|-----------------|---------|---------|----------------|
| Employee's Name | Last | First | Middle Initial |
| 1 | MARCELO | CARMINE | 0 |

| | | | | |
|--------------------|--------|------|-------|--------------|
| Employee's Address | Street | City | State | Zip Code + 4 |
| 2 | | | | |

| | | | | |
|---|---------------|-----|------------------------|---------------------------|
| 3 | Date of Birth | Sex | Social Security Number | Maiden or Other Name Used |
| | MM/DD/YY | M F | | |
| | 04/30/72 | M | | |

| | | |
|---|---|--|
| 4 | Are you currently a member of any other public retirement system? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, what is the name of the system? | What REGISTRATION NUMBER is known? |

| | | |
|---|---|--|
| 5 | Have you ever been a member of the New York State Employees' Retirement System? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, under what name? | What REGISTRATION NUMBER is known? |

| | | |
|---|--|--|
| 6 | Are you receiving or are you about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in this state? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If yes, what is the name of the system? | What REGISTRATION NUMBER or RETIREMENT NUMBER is known? |

List below all previous periods of employment with New York State or any New York State public entity (County, City, Town, Village, School District, Public Authority, or Special District). Include any military service. Attach additional sheets if required.

| 7 | Name of Employer | NAME of Dept. or Agency | Title of Position | From | | | To | | | Indicate if Permanent or Temporary, and Full or Part Time |
|---|------------------|-------------------------|-------------------|------|-----|------|-----|-----|------|---|
| | | | | Mo. | Day | Year | Mo. | Day | Year | |
| | | | | | | | | | | |

To be completed by present employer:
Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division, or Institution)

| | |
|---|---|
| 8 | Suffolk County Parks, Recreation + Conservation |
|---|---|

| | | | | | | |
|--------------------|------------|--------------|--------|-------|--------------|---------------------------|
| Employer's Address | Street | City | County | State | Zip Code + 4 | Employer Telephone Number |
| 9 | PO Box 144 | W. Saugville | NY | | 11796 | 516 854 4960 |

| | | |
|----|-------------|---|
| 10 | PARK RANGER | Indicate Length of Work Year |
| | | <input type="checkbox"/> 10 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Seasonal |

| | | | |
|----|---|--|---|
| 11 | Enter the Date or Dates Relating to Employee's Present Position | Full-Time Employment | Part-Time Employment |
| | Date of First Appointment | Date of Reinstatement or Provisional Appointment | Date of Permanent or Probationary Appointment |
| | Month Day Year | Month Day Year | Month Day Year |
| | 05 11 98 | | |

| | | | | | | |
|----|----------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|--------------------------------|
| 12 | Frequency of Payment | Monthly <input type="checkbox"/> | Annually <input type="checkbox"/> | Biweekly <input type="checkbox"/> | Quarterly <input type="checkbox"/> | Other <input type="checkbox"/> |
| | Other specify | | | | | |

| | | | | | |
|----|-------------------------------|-----------|----------|-----------|--------------------------|
| 13 | Rate of Compensation and Ret. | Annual \$ | Daily \$ | Hourly \$ | Mentioned Above (if any) |
| | Units of Work Performed \$ | 10.00 | OR | 20.00 | |

NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security number is mandatory pursuant to Sections 11 and 12 of the Public Law and Social Security Act. Your number up to and including your registration number and in the administration of the Retirement System.

NOTE: It is necessary that the Employer Agency (State or Local Government) certify and sign this form for the Retirement and Social Security Laws. The Retirement System is required to maintain records. This record is necessary to determine eligibility for and to compute benefits. Failure to provide information may result in the failure to pay benefits. The System may withhold certain information to participating employers. The Retirement System is maintaining these records in Category C. Office of Member Services, New York State and Local Retirement System, Albany, NY 12242-0140; telephone number (516) 474-6001.

AUG 24 1998



Article 15 Members' Registration

RS 5420

(Rev. 8/97)

New York State and Local Retirement Systems, Gov. Smith State Office Building, Albany, New York 12244-0145

IF YOUR MEMBERSHIP IS OPTIONAL, DO NOT COMPLETE OR SUBMIT THIS FORM UNLESS YOU DESIRE TO BECOME A MEMBER.
If your employment is on a part-time, temporary or provisional basis, or less than 12 months per year, membership is optional.

Instructions: Please print plainly or type.

This form must be signed and notarized on reverse side.

Employee: Complete items 1-7 and reverse side.

Employer: Complete the Important Information box and items 8-13.

FOR REGISTRATION NUMBER CALL: (518) 474-3081 or fax the application at (518) 485-4382.

IMPORTANT INFORMATION: Has this person been registered to membership by means of the telephone or fax registration system? ☐ Yes ☐ No (If yes, enter the information given to you in boxes 2-21 below.)

Receipt Stamp
For ERS purposes only

| | | | | | | |
|---------------|-----------|------------|---------------------|----|-------------|---------------------|
| 2-6 | 7 | 8 | 9-11 | 12 | 13 | 14-21 |
| Location Code | Plan Code | Group Code | Date of Membership | DB | Amends Code | Registration Number |
| 1004 | 7A15 | 28 | Mo. Day Yr. 8 21 98 | 1 | 8 | 38849097 |

22-48
Employee's Name
Last First Middle Initial
1. MARCENO CARMINE D

Employee's Address Street City State Zip Code + 4
2

49-54 55 56-64 65
3 Date of Birth Sex 1 2
Month Day Year M F
04 30 72 M ☒ F ☐
*Social Security Number
Maiden or Other Name Used

*Social Security Number Required (See Note at Bottom of Page)

Are you currently a member of any other public retirement system? ☐ YES ☒ NO
If yes, what is the name of the system? What REGISTRATION NUMBER (if known)?

4

WARNING: If you are now a member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this system. Failure to contact that system could cause loss of the privilege of transferring membership.

Have you ever been a member of the New York State Employees' Retirement System? ☐ YES ☒ NO
If yes, under what name? What REGISTRATION NUMBER (if known)?

5

Are you receiving or are you about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in the State? ☐ YES ☐ NO

If yes, what is the name of the System? What REGISTRATION NUMBER or RETIREMENT NUMBER (if known)?
6

List below all previous periods of employment with New York State or any New York State public entity (County, City, Town, Village, School District, Public Authority, or Special District). Include any military service. Attach additional sheets if required.

| 7 | Name of Employer | Name of Dept. or Agency | Title of Position | From | | | To | | | Indicate if Permanent or Temporary, and Full or Part Time |
|---|------------------|-------------------------|-------------------|------|-----|------|-----|-----|------|---|
| | | | | Mo. | Day | Year | Mo. | Day | Year | |
| | | | | | | | | | | |
| | | | | | | | | | | |

To be completed by present employer:

Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division, or Institution)

8 Suffolk County Parks, Recreation & Conservation

Employer's Address Street City County State Zip Code +4 Employer Telephone Number

9 PO Box 144 W. Sayville NY 11796-1516 854-4960

Present Payroll Title

10 PARK RANGER
Indicate Length of Work Year
☐ 10 Months ☐ 12 Months ☒ Seasonal

Enter the Date or Dates Relating to Employee's Present Position

| Part-Time Employment | | | | | | Full-Time Employment | | | | | |
|---------------------------|-----|------|-------------------------------|-----|------|--|-----|------|---|-----|------|
| Date of First Appointment | | | Date of Permanent Appointment | | | Date of Temporary or Provisional Appointment | | | Date of Permanent or Probationary Appointment | | |
| Month | Day | Year | Month | Day | Year | Month | Day | Year | Month | Day | Year |
| 05 | 11 | 98 | | | | | | | | | |

Frequency of Payment

12 Semi-Monthly ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly ☐
Bi-Weekly ☒ Weekly ☐ Other ☐ If Other Specify _____

Base of Compensation and Rate

13 Annual \$ _____ Daily \$ _____ Hourly \$ 10.00
Units of Work Performed \$ 10.00 per hour (Example: \$50 per meeting or \$10 per examination, etc.)
Maintenance Allowance (if any)

NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11 and 34 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

NOTE: In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, The Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is Gregory O. Childs, Director of Member Services, New York State and Local Retirement System, Albany, NY: 12244-0146; telephone number (518) 474-3024.

To Be Completed by Employee
(Also see reverse side)

To Be Completed by Employer

Important: If you find this form is not suited for the type of Designation you prefer, please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form.

Beneficiaries' complete name, address, date of birth and relationship must be provided. Do not designate yourself. If additional space is needed you may enter two names on a line.

This is a legal document and, therefore, this form must not be altered.

14 To the Comptroller of the State of New York. Designation of Primary Beneficiary(ies)

I hereby name the following as beneficiary(ies) to receive any death benefit payable on my behalf. I realize that, if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. If I have named more than one beneficiary, it is my

intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

| | |
|------------|---|
| Name | Name |
| Birth Date | Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other |
| Address | Address |
| Name | Name |
| Birth Date | Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other |
| Address | Address |

15 Designation of Contingent Beneficiary(ies)

If all the above named beneficiaries die before I do, any benefits payable on my behalf shall be paid to the following. I realize that, if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. If I have named more than one

beneficiary, it is my intention that those living at the time of my death should share any benefit equally. Furthermore, if I should out-live all these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name hereafter. I reserve the right to change the designation at any time.

| | |
|------------|---|
| Name | Name |
| Birth Date | Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other |
| Address | Address |
| Name | Name |
| Birth Date | Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other |
| Address | Address |

16 IMPORTANT: This section is not to be completed by State and Local Correction Officers, to whom special death benefit provisions are applicable.

Every employee who joins the New York State and Local Retirement Systems after July 26, 1986 (except Correction Officers) must choose between the two death benefits authorized by Chapter 617, Laws of 1986. If you die while in service, after you have received at least one full year of service credit, your designated beneficiary will receive the death benefit elected by you. To aid you in this selection, a description of the benefits is set forth below. In each description, the term "salary" means the regular compensation earned during your last 12 months of service as a member, excluding any form of termination pay, lump sum payment for sick leave, accumulated vacation credit or any other payment for time not worked, and in no event to exceed the maximum salary specified in Section 130 of the Civil Service Law.

As a general guide, you should be aware that the benefit payable under Death Benefit Two would be considerably higher than the benefit payable under Death Benefit One during the early years of your employment. The Death Benefit Two benefit would continue to be greater unless and until you continued in service past the time you are eligible to retire without benefit reduction.

Since these benefits provide important financial protection, and since your election is irrevocable, you should carefully select the one which would be most advantageous.

DEATH BENEFIT ONE

This benefit is equal to one month's salary for each full year of service, up to a maximum of three years' salary upon the completion of 36 full

years of service credit. However, if you should die in service after you are eligible to retire without benefit reduction, a benefit equal to the pension reserve, if any, which would have been payable had you entered service prior to July 1, 1973 and died in service, will be paid if this alternative provides a greater benefit. Death Benefit One is not payable if death occurs after you retire.

DEATH BENEFIT TWO

Upon completion of one full year of service credit, this benefit will equal your salary. Upon completion of two full years of service credit, the benefit will equal two times your salary. Upon completion of three full years of service credit, the benefit will equal three times your salary.

Commencing upon attainment of age sixty-one, Death Benefit Two, as set forth above, will be reduced by four percent, and then by four percent each year thereafter, but not below sixty percent of the original benefit otherwise payable. For plans that allow for retirement without regard to age, the annual reductions are three percent but not below seventy percent of the original benefit otherwise payable. Upon retirement, the benefit in force shall be reduced by fifty percent; upon completion of the first year of retirement, the benefit in force at the time of retirement shall be reduced by an additional twenty-five percent, and upon commencement of the third year of retirement, the benefit shall be ten percent of the benefit in force at age sixty, if any, or at the time of retirement if retirement preceded such age: provided, however, the benefit in retirement shall not be reduced below ten percent of the benefit in force at age sixty, if any, or at the time of retirement if retirement preceded such age.

I have read the above descriptions of the two death benefits which are authorized by Chapter 617, Laws of 1986, and hereby elect to be covered by the provisions of: (check appropriate box). I understand that my election may not be changed.

☒ DEATH BENEFIT ONE

☐ DEATH BENEFIT TWO

17 I have made my Designation of Beneficiary and Death Benefit Election as shown above and acknowledge that my membership in the New York State Employees' Retirement System is governed by the provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that a 3% deduction will be made from my salary or compensation for retirement contributions as required by law.

Signature

Date

Reviewed

FOR OFFICE USE ONLY

Examined

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of New York
County of Suffolk
On this 30th day of MAY, 19 98 before me personally appeared CARLINE MARGENO
to me known and known to me to be the same person described in and who executed the foregoing instrument, and he duly acknowledged to me that he executed the same.

NANCY E. BELL

Notary Public, State of New York
Notary Public (Notary Seal Stamp)

Qualified in Suffolk County
Commission Expires Nov. 7, 1998