

Sample Hearing Request Letter

New York State and Local Retirement System (NYSLRS)
Attn: Gayle Everitt, Director of Hearing Administration
110 State Street, MD 7-9A
Albany, NY 12244
Fax: (518) 402-4137
Email: Hearings@osc.state.ny.us

Re: _____
(please print name of NYSLRS member)

Registration Number: _____
(NYSLRS reg. #)

Social Security Number: _____
(Last 4 digits only if reg. # is unknown)

Dear New York State and Local Retirement System,
I am requesting a hearing because I disagree with the final agency determination mailed on *(date of determination or letter)*.

Sincerely,

(your signature)

(date)

(your address)

(your email address)

(your telephone number including area code)