

RETIREMENT INFORMATION

For those of you who have been attending the Annual Retirement Workshops, the information below is a review, for others it is a guide to assist you. Please know the information provided is a general guide. It does not replace consultation and advice from the TRS, your accountant, attorney and other financial advisors.

SAMPLE RETIREMENT LETTER: This is a general letter which will require some modification to fit your specific situation. A letter of resignation for purposes of retirement must be submitted to the district.

HEALTH INSURANCE: Rules and Regulations regarding the plan are set by the insurer and administered by the benefits coordinator in each district. You may contact your districts health insurance coordinator in your district office or you can visit the VSTA website for a link to NYSHIP directly www.vsteachers.org. The full NYSHIP manual as well as a contact number are available on the website.

DENTAL/VISION INSURANCE: J.J. Stanis & Co. 377 Oak Street, Garden City, NY 11530 – Suite 406, will contact you directly upon your retirement. You will not be contacted until the school year ends.

PAYMENT FOR UNUSED SICK LEAVE: Payment will be calculated by the district and deposited into a 457 plan in July and will be immediately available for you to utilize as you wish. Our New York State Deferred Compensation Plan administrator is **Sherley Jeanty (518) 203-9923 – jeants@nationwide.com**. Contact Sherley for further information on how to open your account. More information can be found at nysdcp.com.

TSA-403b: You may be entitled to make a contribution to your 403b based on your personal financial situation. Please discuss with your 403b administrator.

NYSTRS Review your last benefit profile and contact the TRS for information specific to you. The phone number is 1 800 348-7298 or the website is www.nystrs.org. An application to retire must be submitted to the system to begin receiving your pension. The easiest way to file your application for retirement provided you are at least age 55, is online through your MyNYSTRS account.

Please note you resign from the district for purposes of retirement effective June 30th. You retire from the NYSTRS effective July 1st.

In Solidarity,


Noele Villa

VSTA President

Date _____ (on or before March 15, 2026)

Your Name _____

Address _____

Board President _____

D R A F T

Dear _____

In accordance with the Agreement between the Valley Stream Teachers' Association and the Valley Stream (Central High School District) (Union Free School District Thirteen) (Union Free School District Twenty-four) (Union Free School District Thirty) Board of Education, I hereby request a lump sum payment under the Payment for Unused Accumulated Sick Leave provision contained within the Agreement.

It is my request that in accordance with the Agreement the district contribute the maximum amount to the 457 plan. I understand the amount is subject to adjustment pending a final calculation of accumulated sick time.

With the approval of the above request, I hereby submit my resignation, effective June 30, at the close of business for the purpose of retirement.

(You may wish to add personal comments in an additional paragraph.)

Very truly yours,

Cc: _____ Superintendent of Schools

(Keep a copy for yourself. You may wish to make a copy for your principal, too.)

EMPIRE 2026 Health Insurance Rates

			INDIVIDUAL COVERAGE	FAMILY COVERAGE	
ANNUAL HEALTH COST 100%	12		\$19,337.52	\$43,965.48	
MONTHLY HEALTH COST 100%	1		\$1,611.46	\$3,663.79	
DISTRICT SHARE AT 80%-ANNUAL	80%		\$15,470.02	\$35,172.38	
DISTRICT SHARE AT 80%-MONTHLY	80%		\$1,289.17	\$2,931.03	
EMPLOYEE COST AT 20%					
ANNUAL	20%		\$3,867.50	\$8,793.10	
MONTHLY	20%		\$322.29	\$732.76	
PER PAY CHECK	24		\$161.15	\$366.38	
CUSTODIANS C 25%					
ANNUAL	25%		\$4,834.38	\$10,991.37	
MONTHLY	25%		\$402.87	\$915.95	
PER PAY CHECK	24		\$201.43	\$457.97	
SECU "C" AND FULL TIME PARA %50/65					
ANNUAL	50%	65%	\$9,668.76	\$25,676.93	
MONTHLY	12		\$805.73	\$2,139.74	
PER PAY CHECK	24		\$402.87	\$1,069.87	
JS DRIVERS					
ANNUAL	20%	20%	\$3,867.50	\$8,793.09	
MONTHLY	12		\$322.29	\$732.76	
PER PAY CHECK JAN-JUN	12		\$214.86	\$488.51	
PER PAY CHECK SEPT-DEC	7		\$184.17	\$418.72	
COBRA	102%		\$1,643.69	\$3,737.07	
MEDICARE COBRA	102%		\$608.31	\$2,307.21	
YOUNG ADULT	100%		\$1,611.46	n/a	
RETIREE (NON MEDICARE)					
IND 50% OF EMP MOS COST/ FAM 65% OF EMP COST			EMPLOYEE	FAMILY	
ANNUAL	50%	65%	\$9,668.76	\$25,676.93	
MONTHLY	12		\$805.73	\$2,139.74	
RETIREE MEDICARE COST			INDIVIDUAL	FAMILY ONE MEDICARE	FAMILY TWO MEDICARE
PENSION COST	50%	65%	\$298.19	\$1,380.82	\$972.21
DISTRICT MEDICARE COST			INDIVIDUAL	FAMILY ONE MEDICARE	FAMILY TWO MEDICARE
DISTRICT COST MONTHLY	50%	65%	\$298.19	\$881.15	\$661.12
DISTRICT COST ANNUAL	12		\$3,578.28	\$10,573.80	\$7,933.44
TOTAL MONTHLY MEDICARE COST			\$596.38	\$2,261.97	\$1,633.33
SURVIVOR MEDICARE COST			SURVIVING SPOUSE MEDICARE	SURVIVING SPOUSE NON MEDICARE	
COST	100%		\$596.38	100% Cost	\$1,611.46
					100% Cost