



**POLICE PENSION FUND—ITHP WAIVER APPLICATION**  
 233 Broadway—19th Floor, New York, NY 10279

ITHP WAIVER	Please fill in the following:		Date:    /    /		ITHP WAIVER	
	Name Printed (First—M.I.—Last)			Tax Registry No.		
	Command					
	Social Security Number (Last 4 Digits)			Rank		

**CHECK THE APPROPRIATE BOX**

(START) I am currently making regular pension contributions and therefore request that I be permitted to contribute an additional contributions to the *Police Pension Fund* in accordance with the provisions of Section 13-226 Subdivision 8C of the Administrative Code by waiving the ITHP (*Increased-Take-Home-Pay*) reduction. The ITHP will be indicated in the “POL 414H deduction on the member’s pay stub.

*Note: Certain Contributions in excess of regular contributions (e.g. ITHP Waiver) are covered by Section 414h (Tax Deferred) of the IRS Code*

(STOP) I request the ITHP (*Increased-Take-Home-Pay*) be reinstated..

\_\_\_\_\_  
 Applicant’s Signature

County of \_\_\_\_\_ State of \_\_\_\_\_

On this day personally appeared before me the said \_\_\_\_\_, to me known and known to me to be the individual described herein and who executed the foregoing instrument, and he (or she) duly acknowledged to me that he (or she) executed the same.

Sworn to before me  
 This \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
 Notary Public

FOR OFFICE USE ONLY

ACTION CODE <input type="checkbox"/>	FOR PAYROLL OF: _____
DOC NO:                        CD: <input type="checkbox"/> JSN: <input type="checkbox"/> <b>1</b>	EMPLOYEE ID: _____
PAYROLL NO: <b>056</b>	PENSION DESIGNATOR: <b>R</b>
EFFECTIVE DATE: ____ / ____ / ____	PENSION TIER: <b>002</b>
EXPIRATION DATE: <b>99/99/99</b>	PENSION PLAN: <b>0000</b>
DEDUCTION CODE: <b>7658</b>	PENSION ITHP: <b>N</b>
DEDUCTION RATE: <b>0.</b>	PENSION VAR ANNUITY CODE: <b>N</b>
ITHP RATE: <b>0.</b> _____	PENSION 50% INDICATOR: <b>N</b>

<b>PMS</b> Entered by:	<b>PMS</b> Checked by:	<b>COPS</b> Entered by:	<b>DUPLICATION</b> Date:	<b>DUPLICATE</b> YES <input type="checkbox"/> Date of Original:
Date:	Date:	Date:	Date:	Date: