



New York City Police Pension Fund

“Serving the Finest”

Office Use Only

Child Care Buyback

Tiers 2 and 3

Demographics:

First Name: _____ Last Name: _____

Tax No.: _____ Contact Number: _____

Instructions:

ACTIVE members returning from a CHILD CARE LEAVE ONLY

- Print all requested information and answer each section completely. Mailed forms must be notarized.
- This buyback offers NYPD service credit to active members of service who were absent without pay on an authorized child care leave of absence.
- This application must be filed with the Police Pension Fund not more than 90 days after the termination of the child care leave period. Claimed service credit may not exceed one year for each authorized child care leave.
- The cost for this service credit purchase is based upon the contributions plus interest the member would have made/earned during the leave of absence.
- Payment must be made in full by the buyback due date. Only bank check, certified check, or money order are accepted forms of payment.
- You must submit one application for each approved child care leave. Do not apply for multiple leaves with this form.

Application:

I hereby request service credit for up to one year for my approved child care leave. My leave was from _____ to _____ (write in dates). I understand that if the NYPD has not provided proof of this leave being approved, the Fund will require me to submit my child's birth certificate and approval of this leave from the Department.

I understand that I may pay by bank or certified check (not personal check), money order, biweekly payroll deductions, or transfer from the Deferred Compensation Plan. I understand that payment must be made in full by the buyback due date and that any payment made on behalf of this buyback is nonrefundable.

Signature: _____ Date: _____

State of _____, County of _____
On this ___ day of _____, 20___ before me personally
appeared _____ to me known
and known to me to be the same person described herein
and who executed the foregoing instrument, and (s)he duly
acknowledged to me that (s)he executed the same.

Affix notary seal or staff name and signature:

Signature of Notary Public: _____

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Entered By: _____ Date: _____

Control Number: _____ Checked By: _____

