



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279
212-693-6860
866-692-7733 (outside NYS)

Office use

Retroactive Military Service (RMS) Application

Retirees

Time and date

1) Retiree information (please print):

Tax ID #: _____ SSN (last 4 digits): _____ Date: ____/____/____
mm dd yyyy

First name: _____ MI: ____ Last name: _____

Street address: _____ Apt./fl.: _____

City: _____ State: ____ Zip code: _____

Contact phone #: _____ NYPD hire date: ____/____/____
mm dd yyyy

2) Retiree RMS summary:

- a) **RMS period and contributions:** A retiree serving in the military when offered NYPD employment may receive pensionable service credit from the date NYPD employment was offered by letter from NYC DCAS through the NYPD hire date (known as the “RMS Period”). However, to be awarded such credit, the retiree must make the **pension contributions** required for the RMS Period. Tier 2 retirees also have the option of applying **ITHP** and/or **50% Additional** to RMS contributions.
- b) **RMS benefit:** Retirees who receive credit for the RMS Period will receive increases in both their pension and Variable Supplement amounts. In such situations, the contributions **owed by** the retiree are chargeable against the larger pension amount **owed to** the retiree.
- c) **RMS interest:** Do you wish to explore the possibility of increasing your pension and Variable Supplement benefits through RMS? Yes OR No

3) Instructions: (only for retirees who checked “yes” immediately above)

- To provide a personalized RMS recommendation, the NYCPPF Membership Services Unit prefers to meet personally with any retiree who may qualify for Retroactive Military Service (RMS). Call (212) 693-6860 to set up such a meeting, if it is practical to do so.
- If a personal meeting is impractical, the retiree should call Membership Services at (212) 693-6860. Before that call, mail the following two documents (**keep a copy for your records**) at minimum:
 - 1) **Military separation form DD-214.** Go to www.archives.gov if you need a copy. The DD-214 **Member-4 page** must be included.
 - 2) **This application (PPF 216), properly filled out and notarized.**
- **Mail both documents in one package.** Mail to: NYC Police Pension Fund, Attention: Membership Services, 233 Broadway, 25th fl. New York, NY 10279. Allow **two weeks** before calling Membership Services.

Retiree signature: _____ Date: ____/____/____
mm dd yyyy

Notarization is required if this form is mailed to NYCPPF:

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.

Signature of Notary Public: _____

[Please affix stamp or seal]