



# New York City Police Pension Fund

233 Broadway - 25th fl.  
New York, NY 10279  
212-693-5750  
[www.nyc.gov/nycppf](http://www.nyc.gov/nycppf)

Office use only

## Unidentified Class Member Claim

## Retirees

Time and date

### 1) Background information:

- The Settlement Agreement reached between the City of New York and the United States Attorney's Office in *Goodman, et al. v. City of New York, et al.* became effective March 17, 2014. At issue was the calculation of pensionable earnings for members on active duty military leaves from the NYPD.
  - Class members of the Agreement are members who were deployed on Active Military Service\* (i.e., took military leave) on or after September 11, 2001 and retired prior to March 17, 2014. Class notices were sent out in August and October of 2013 by the City of New York and the United States Attorney's Office. Members who retired after the second mailing of class notices may still be eligible to become class members.
  - **This form enables eligible retirees to apply to become a Goodman Class member.**
  - The Goodman Settlement requires NYCPPF to recalculate the pensionable earnings of class members for qualifying military service (leave) periods. This recalculation involves averaging the member's night shift differential and overtime earnings for a defined period prior to each military leave and applying the result to members' military leave periods.
  - Please note that members who received their first pension check **before** October 10, 2004 may be required to demonstrate entitlement to the injunctive/monetary relief awarded to class members.
  - Information regarding the settlement, as well as a copy of the Settlement Agreement in its entirety, are available on the Fund's website at:  
[www.nyc.gov/html/nycppf/html/home/goodman\\_settlement.shtml](http://www.nyc.gov/html/nycppf/html/home/goodman_settlement.shtml)
- \* The term **Active Military Service** includes active duty; active duty for training; inactive duty training; full-time National Guard duty; absence for the purpose of an examination to determine physical fitness of a person to perform any such duty; and a period for the purpose of performing funeral honors duty.

### 2) Instructions:

- Complete Section 3 (below) and Section 4 (on page 2).
- Mail the notarized form to NYC Police Pension Fund, Attn: Legal Division, 233 Broadway – 25th fl., New York, NY 10279. Or you may deliver the form to the 25th floor.
- **This form must be complete, signed and dated; if mailed, it must be notarized. Please call (212) 693-5750 with any questions.**

### 3) Retiree information (please print):

First name: \_\_\_\_\_ MI: \_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt./fl.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Contact phone #: (\_\_\_\_) \_\_\_\_\_

Tax ID #: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_ Pension #: \_\_\_\_\_

Retirement date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Current date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

#### 4) Certification:

- I certify that the information provided in this form is accurate to the best of my knowledge.
- I did not receive a notice stating that I may be eligible for participation in the class action, *Goodman, et al. v. City of New York, et al.*
- If I am accepted into the class, I understand that my pensionable earnings will be recalculated in accordance with the Settlement Agreement. I further understand that if the recalculation is beneficial, my pension will be increased less the actuarial value of any owed pension contributions; my pension will not be reduced.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

#### 5) Notarization:

► This form must be notarized ◀

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]

#### Office use only:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Date of first pension check ▼

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy mm dd yyyy

Notes: \_\_\_\_\_