



# New York City Police Pension Fund

## “Serving the Finest”

Office Use Only

### Record Request

#### Demographics:

Check **one**:  Member  Retiree  Alternate Payee  Beneficiary

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tax or Pension No.: \_\_\_\_\_ Contact Number: \_\_\_\_\_

#### Instructions:

**This form is for ALL TIERS**

- Print all requested information and answer each section completely. Mailed forms must be notarized.
- Complete this form to request a full copy of a member’s file or for copies of specific items in a file. Records containing the specific medical information specifically authorized below will be released.
- Members are entitled to one free copy of their pension file. The Fund charges \$0.50 per page for paper records plus mailing costs, and a flat \$10 fee if released digitally on a disc. The Fund will send a bill for record requests; payment must be received before records are released.

#### Disclose Records To:

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Address: \_\_\_\_\_

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

#### Authorized Records:

*Check all applicable boxes and initial where applicable, if desired.*

- Full Pension File
- WTC Notice of Participation
- Medical Records from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy
- Other (specify): \_\_\_\_\_

- All Medical Records  
*This includes patient histories, office notes, test results radiology studies, films, referrals, consults, billing records, and records from health care providers. Documentation pertaining to the below will not be disclosed unless initialed.*

Initial to include:

Alcohol/drug treatment: \_\_\_\_\_

Mental health information: \_\_\_\_\_

HIV-related information: \_\_\_\_\_

#### Acknowledgement:

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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