



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279
212-693-6860
866-692-7733
www.nyc.gov/nycppf

Office use only

Foreign Police Service Verification (Ch. 606)

Time and date

This form is to be used in conjunction with form PPF 25 by NYC Police Pension Fund members who seek to buy back foreign police service under Chapter 606 of the NY State Laws of 2000.

1. Member information: The NYCPPF member provides information in Section 1. **Please print.**

SSN (last 4 digits): Tax ID #:

First name: _____ M.I.: _____ Date of birth: ____/____/____

Last name: _____ Cell/other phone #: _____

Current address: _____

City: _____ State: _____ Zip code: _____

Signature: _____ Date: ____/____/____
mm dd yyyy

2. Foreign police service description: **The organization that employed the member in foreign police service completes Sections 2 and 3.** If the member served in two or more periods of police service with that organization, attach additional information. Mail this form with any attachments needed to: NYC Police Pension Fund, Attn. Membership Services, 233 Broadway, New York, NY 10279. If you have questions, call (212) 693-6860 to speak with the Membership Services Buyback Unit. **Please print.**

Employee ID #: _____ Employee title: _____

Territory/region: _____ Country: _____

Start date: ____/____/____ End date: ____/____/____
mm dd yyyy mm dd yyyy

► Is additional foreign police service information attached for the above individual?

Check one: Yes No

3. Certification: I hereby certify that the information contained in Section 2 and in any attachments is accurate and verifiable within the records of the organization named below. **Please print.**

First name: _____ Last name: _____

Title: _____ Phone #: _____

Organization name: _____

Address/ P. O. Box #: _____

City/town: _____ Province/state: _____

ZIP/Postal code: _____ Country: _____

Signature: _____ Date: ____/____/____

Organization seal or stamp