



New York City Police Pension Fund
233 Broadway, 25th fl.
New York, NY 10279-2501

Control number:

NR _____

Tier 2
Tier 3

Buyback: Prior NYS/NYC Service -- Chapter 552 of the Laws of 2000

Member instructions: 1) Complete, sign and date Section A; 2) Send or deliver this form to your former NY State or NY City agency employer, and request that they provide the information specified in Section B.

A. Member information (please print): Command: _____

First name: _____ MI: _____ Last name: _____ Tax ID #: _____

Address: _____ City: _____ State _____ Zip code: _____

Email: _____ Cell/daytime phone: (____) _____

Date of birth: ____/____/____ SSN: ____-____-____ Prior agency: _____

Prior agency start: ____/____/____ Prior agency end: ____/____/____ Prior job title: _____

Member signature: _____ Date*: ____/____/____

B. Employment verification/certification: [Completed by the member's prior NYS or NYC employer]

The NYCPPF requires the following information pertaining to the above individual in order to verify his/her prior New York agency employment in conjunction with this buyback of service request. **Please enclose the Personnel Record Card(s) and payroll data (Form W-2 and/or Form 1099 desirable) that verify the information provided.** Mail the completed form and supporting documentation to the NYCPPF at address at the top of this page. For any questions, contact the Membership Services buyback staff at (212) 693-6860.

Job title: _____ Appointment date*: ____/____/____ Resignation*: ____/____/____

Agency name: _____ Retirement system**: _____

1) Gross earnings, contracted salaries, and hours worked are needed for full-time AND part-time employees. ▼

Year	\$ Actual gross earnings	\$ Contracted salary	# Hours worked	Break in service /absence without pay*	Type of leave
_____	_____	_____	_____	From ____/____/____ To ____/____/____	_____
_____	_____	_____	_____	From ____/____/____ To ____/____/____	_____
_____	_____	_____	_____	From ____/____/____ To ____/____/____	_____
_____	_____	_____	_____	From ____/____/____ To ____/____/____	_____
_____	_____	_____	_____	From ____/____/____ To ____/____/____	_____

2) Agency certification: I hereby state the information provided above is accurate. [Please print]

Full name: _____ Signature: _____ Date*: ____/____/____

Title: _____ Agency name: _____

Agency address: _____

City: _____ State: _____ Zip code: _____

Phone number: (____) _____ FAX number: (____) _____

