



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279
212-693-5850
www.nyc.gov/nycppf

Office use only

Pension Recalculation Request

Tier 2 / Tier 3 (active)

Time and date

1) Legal background (read carefully):

- A recent Federal settlement agreement (i.e., *Goodman, et al. v. City of New York, et al.*) may affect the pensionable earnings of active NYCPPF members whose NYPD employment includes **Active Military Service*** completed between September 11, 2001 and March 17, 2014 (the “Period”).
- The settlement allows eligible active NYCPPF members (Tier 2 and Tier 3) to have their pensionable earnings for military leaves recalculated. This recalculation is based upon the estimated compensation the member would have earned had the member not taken the military leave(s).
- Eligible members must have returned to the NYPD from leave on or before March 17, 2014 to be able to request recalculation of pensionable earnings paid during the military leave period(s) stated in Section 4 of this form. This recalculation involves averaging both differential and overtime amounts earned prior to the leave(s) and applying the results to the leave periods themselves.
- Members who request earnings recalculation in Section 4 of this form may, or may not, benefit from the recalculation. Members are not required to accept the recalculations performed by the NYCPPF, so no financial harm can come to the member by requesting recalculation.

* The term **Active Military Service** includes: active duty; active duty or inactive duty for 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 of performing funeral honors duty.

2) Instructions:

- Eligible members who wish to have pensionable earnings recalculated must complete Sections 3 and 4. **Exact dates are required in Section 4.** Please refer to your military records to ensure accuracy. Dates will be cross-checked against your NYCPPF file. **If the leave information you provide does not match NYCPPF records, supporting documentation, including a DD-214, may be required.** Any and all discrepancies must be reconciled.
- Mail the completed form or deliver it to: NYC Police Pension Fund, Attn: Membership Services, 233 Broadway - 25th fl., New York, NY 10279. **Either way, this form must be signed and notarized.**
- Questions may be directed to Membership Services at (212) 693-5850 (mention the “Goodman Settlement”). If you wish to schedule a counseling session to discuss your specific circumstances, call Membership Services at (212) 693-5850.

3) Member information (please print):

Date: ____ / ____ / ____
mm dd yyyy

First name: _____ MI: ____ Last name: _____

Street address: _____ Apt./fl.: _____

City: _____ State: _____ Zip code: _____

E-mail: _____ Contact phone: (____) _____

Tax ID #: _____ SSN (last 4 digits): _____ Command: _____

4) Military leave summary:

The information provided is for Tax ID #: _____

Please provide your Tax ID # above. In addition, provide accurate information below pertaining to all leave(s) granted for Active Military Service during NYPD service between 09/11/2001 and 03/17/2014. Dates entered may include statutory entitlement days and/or annual leave days and/or compensatory time, provided those categories of leave time were directly related to, and dependent upon, the period of Active Military Service (see Section 1, page 1). Attach additional pages if necessary.

* Enter dates as mm/dd/yyyy. Dates provided must relate directly to the member's Active Military Service performed while an active officer in the NYPD. Check ONE Leave Type.

Military leave period	Date departed from NYPD*	Date returned to NYPD*	Military Leave Type:		Office use only:
			With pay	or Without pay	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leave considered <input type="checkbox"/> Leave recalculated

- I hereby request recalculation of my pensionable earnings for the military leave periods cited above.
- I hereby certify that the information herein provided is true and accurate to the best of my knowledge.

Member signature: _____ Date: ____/____/____

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:

Received by: _____ Date: ____/____/____

Processed by: _____ Date: ____/____/____