



# New York City Police Pension Fund

233 Broadway  
New York, NY 10279-2501  
212-693-6860  
www.nyc.gov/nycppf

Office use

## Retroactive Military Seniority (RMS) Credit

### Tier 3

Time and date

### 1) Member information (please print):

Tax ID #: \_\_\_\_\_ SSN, last 4 digits: \_\_\_\_\_ Date:      /      /       
mm dd yyyy

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

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

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

Contact phone #: \_\_\_\_\_ NYPD hire date:      /      /       
mm dd yyyy

### 2) Tier 3 RMS information:

- Tier 3 members serving in the military when offered NYPD employment may receive pensionable service credit for their Retroactive Military Seniority Period (RMS Period), which begins on the date awarded in a letter to the member from NYC DCAS and ends on the member's NYPD hire date.
- Tier 3 members seeking RMS credit may need to provide a copy of the DCAS letter mentioned above to the NYC Police Pension Fund.
- Tier 3 members can only receive maximum RMS credit if RMS contributions are paid in full. Payment in full is also required in order to earn the statutory 3% interest on RMS contributions. Partial RMS contributions payment will result in pro rata service credit, but no interest.
- Tier 3 RMS contributions are voluntary and can only be made by either **payroll deductions** or **bank check/money order**. RMS contributions must be completed within: (a) three times the RMS Period or (b) five years, whichever is the shorter period.
- Members should call Membership Services at (212) 693-6860 with any RMS questions.

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

### 3) RMS agreement:

- Do you intend to make RMS contributions? [Check one]  Yes  No
- If you checked "yes" above, how will you make RMS contributions: [Check one]
  - Payroll deductions [If partial payment is made, pro rata service credit will be awarded.]
  - Bank check or money order (lump sum)

#### Office use only:

Member provided DCAS RMS letter to NYCPPF:  Date letter provided:      /      /     

Checked by: \_\_\_\_\_ Date:      /      /