# New York City Police Pension Fund

*"Serving the Finest"*

Office Use Only

## RSSL § 212 Public Employment Certification 2026

### Instructions:

Please complete, sign, and date the form below. Should you have multiple New York City and/or New York State employers, a separate certification form must be submitted for each employer. Forms may be returned by mail to the address provided below. Questions may be directed to the Safeguards Unit at (212) 693-6886.

### Demographics:

First Name: _____ Last Name: _____

Tax No.: _____ Contact No.: _____

### Current Employment Information:

Employer Name: _____

Effective Date: _____ Job Title: _____

Job Information: ◯ Full-time ◯ Part-time ◯ Per Diem ◯ Seasonal

Do you have an application for an RSSL § 211 Waiver Pending? ◯ Yes ◯ No

Will you attain or exceed age 65 by December 31, 2026? ◯ Yes ◯ No

**Required attachments:**

1. **A copy of a recent pay statement.**
2. **A copy of your 2025 W-2 or 1099 for the job described above (if applicable).**

### Notice of Resignation:

*Complete only if applicable.*

☐ I have permanently resigned from the position above, effective _____/_____/_____.
I have enclosed, with this form, a copy of my final year's W-2 or 1099.

### Certification

I certify that I am a Service retiree who has accepted a position in public service. I wish to continue to receive my retirement allowance without suspension or diminution pursuant to NY State Retirement and Social Security Law ("RSSL") § 212. I understand that my earnings from public service may not exceed $35,000 for the calendar year. I acknowledge that should I receive earnings in excess of $35,000, my benefit will be suspended in accordance with RSSL § 212 and any benefit I was not entitled to will be recouped.

I understand that RSSL § 212 does not apply to retirees receiving a disability pension. I further understand that although there are no earnings limitations under the provisions of the above mentioned law during and after the year in which I attain 65 years of age, I am still required to submit my W-2 form for the previous year.

Signature: _____ Date: _____/_____/_____

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