New York City
Police Pension Fund

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

Office use

Time & date

Member Contributions While on Military Leave — Tier 2 / Tier 3

1) Member information (please print):

First name: _____ MI: ___ Last name: _____

Mailing address: _____ Apt.: _____

City: _____ State: _____ Zip code: _____

Tax ID # : _____ Contact phone: _____ Date: ___/___/___

2) Contributions guidelines:

- To receive pension credit, members are responsible for required member contributions during the period of military leave. Such contributions must be made within the appropriate repayment period, defined as three times the length of the military leave, not to exceed five years. Upon completion of payment, the City will credit the account with appropriate interest.
- Members who were enrolled in the ITHP Waiver or the 50% Additional contribution programs at any time during the military leave are entitled to make such additional contributions during the leave; the City is responsible for interest on such voluntary contributions. If elected, these voluntary contributions must be made during the repayment period. A member who was not enrolled in these programs during the leave is not able to retroactively elect to participate.
- Payment for pension contributions can be made in a lump sum payment or through biweekly payroll deductions, but must be completed by the end of the repayment period.

3) Contributions election (check any that apply):

☐ Waive ITHP [Tier 2]

☐ Reinstate pension contributions [Tier 2 members with over 20 yr. only]

☐ Begin 50% Additional [Tier 2]

☐ Begin biweekly payroll deductions upon my return [Tier 2 / Tier 3]

Member signature: _____ Date: ___/___/___

4) Notarization:

[This form must be notarized unless Section 5 is used.]

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: _____ [Affix stamp or seal]

5) Witness in lieu of notarization:

Rank and full name (please print) ▼

Tax ID # : _____ Date: ___/___/___

_____ Signature: _____