NEW YORK CITY FIRE PENSION FUND

ONE BATTERY PARK PLAZA, 9th FLOOR
NEW YORK, NY 10004
Tel: (929) 436-0099, Ext. 8004 Fax: (646) 869-1219
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MILITARY SERVICE PENSION CREDIT BUYBACK
CHAPTER 41, LAWS OF 2016- (RSSL §1000 Amended)

On May 31, 2016, Chapter 41 of the Laws of 2016, an amendment to Section 1000 of the retirement and social security law, was enacted. This bill would allow up to three (3) years of service credit for military active duty by **removing all** existing requirements that such military service be performed during certain war periods, during certain hostilities while in the theater of operations or upon receipt of an expeditionary medal.

Proof of military service must be submitted with application.
DD Form 214: Character of service must indicate "HONORABLE". (Member-4 or Service-2 copy)

Detailed Point Summary Statemement / Leave

The following eligibility criteria **must** be met in order to qualify for purchase of this time:

1. Member must be active.
2. A member may obtain a total not to exceed three years of service credit for any pre-membership military service if the member was honorably discharged from the military.
3. The member must have at least 5 years of credit service, not including the military service being purchased, to be eligible to receive credit under this section.
4. To obtain such credit, a member shall may payment for the service as follows
    a. ***Pension Membership on or prior to 03/31/2012***
    3% of compensation earning during the 12 months of credited service preceding the application date multiplied by the years of service claimed.
    b. ***Pension Membership on or after 04/01/2012***
    6% of compensation earning during the 12 months of credited service preceding the application date multiplied by the years of service claimed.
5. The member must apply for service credit before the effective date of retirement. In the event the member retires prior to completing payment for the service credit purchase, the amount of service credited to the member shall be proportional to the total amount paid.
6. If upon death, retirement, or separation, the service purchase does not result in a greater benefit, the cost of the service purchased must be refunded to the member with interest.

Members will have the following methods to make payment for the purchase of their military service credit.

1. Personal or Banks' check
2. Payroll deductions provided the period of payroll deductions does not exceed the amount of time being purchased. Deductions are post tax.
3. Transfer funds from your NYC Deferred Compensation (457) Plan, no penalty or taxes, and it will not be considered a loan therefore; you do not have to pay it back.

All payments must begin or be paid in full of thirty (30) days of notification. If response form and or payment is not received, your application will be declined, and you will have to submit a new application.

If there are any questions regarding please contact the Buyback Unit at (929) 436-0099. ext 8004.

Mail or Fax or Email

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Military Service Buyback – Chapter 41, Laws of 2016 (RSSL § 1000 Amended)

Rank _____Name _____

Last 4 of SSN. xxx-xx-☐☐☐☐

Address_____

City _____ State _____ Zip_____

FDNY Ref # _____ FDNY Tax Reg #_____

Contact#. _____ Work #._____

Email._____

FDNY Appointment Date _____ Equated Date (if applicable)_____

Military Service: (Info from DD-214 and or Yearly Detailed Point Summary Statement with Honorable Discharged Certificate

Date Entered: mm/dd/yyy	**Date Separated:** mm/dd/yyy	**Net Active Service This Period** Year(s)	Month(s)	Day(s)
_____/_____/_____	_____/_____/_____	_____	_____	_____
_____/_____/_____	_____/_____/_____	_____	_____	_____
_____/_____/_____	_____/_____/_____	_____	_____	_____

I am applying to buyback a total of _____ year(s) _____ month(s) _____ day(s) of active military duty credit.

I am hereby requesting to purchase pension credit for the military service disclosed above.

My Form DD-214 is enclosed, which verifies my active duty dates and discharge type. I am aware that the full cost of this service purchase must be paid in full by my effective retirement date.

_____ _____/_____/_____

Member's Signature **Date**