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
Email: buyback@nycfirepension.org

FACT SHEET

Application to buyback prior NYC / NYS service credit under Chapter 552 of the Laws of 2000

1. This law afforded all uniform members of the Sub-Chapter II Pension Fund with a minimum of two (2) years of service to "buy-back" any previous service while employed by the City or State of New York, or any political subdivision. The service was typically rendered prior to becoming a member of any retirement system and it was not required that the service be contiguous to or immediately preceding employment with the New York City Fire Pension Fund.

2. As a result of this settlement, the following types of prior service, once purchased shall not only provide a monetary benefit, but shall also be credited as "qualified" credit toward the 20-year service requirement:

   a) Uniform service in the police department, fire department, corrections department, or sanitation department of the City of New York or the State of New York of any agency of political subdivision thereof; or

   b) Service as a peace officer as specified in Section 2.10 of the Criminal Procedure Law (CPL); or

   c) Service performed as a member of the New York State Police and Fire Retirement System; or

   d) Service in the title of sheriff, deputy sheriff, marshal, district attorney investigator, or other State law enforcement position.

3. If the prior service is not service in one of the above categories and therefore **not** "qualified" credit towards your 20 years of service, a member may still wish to purchase such credit because of the additional monetary benefit it may provide

4. The cost for this benefit for "qualified credit" shall be calculated at the member's FDNY contribution rate times his prior service earning plus 8.25% interest, compounded from the date of appointment to the date of calculation. All "non-qualified" credit shall be calculated at 75% of the member's FDNY contribution rate times his prior service earnings plus 8.25% interest, compounded from the date of appointment to the date of calculation.

5. **It is the responsibility of the member to provide the New York City Fire Pension Fund with verifiable earnings and service history information from the prior agency.** To acquire this information, the member requesting this credit or prior service should complete Part 1 of the attached "Chapter 552 Employment Verification Form" then forward to the prior agency. The agency will then complete the form and forward it directly to the New York City Fire Pension Fund.

Revised 2/2026

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FACT SHEET cont'd

5a. The following documentation is required to order to verify earnings and service history.

To verify your earnings:

- W-2s, or
- Detailed Social Security earnings report that includes the employer (not the annual report – it includes no employer information), or
- Computer printout of payroll earnings or payroll earnings report.

To verify your service:

- Roster card, or
- Full Employment history provided by your employer

A letter from your employer is not adequate – your agency must provide the roster card or full employment history.

B. NY Fire Pension Fund must verify your earnings and service history for the period(s) of time that you are requesting for purchase. YOU must apply all supporting documentation unless the service you are purchasing was with the agencies listed below within the specified time frame. In most cases NYC Fire Pension Fund has sufficient pay records or is able to request them from the following employers to process your buyback application.

a. **FDNY Agencies** – Starting from February 1986

C. f you are buying back service with another New York City or State agency, YOU are responsible for acquiring the information. Please provide the Ch. 552 Employee Verification Form to the appropriate agency's Human Resources Department for completion.

D. If you are buying back service with the New York Public Library (NYPL), call 1-(800) 367-2884 or go to http://www.theworknumber.com and follow the "Employee" instructions to obtain employment and income verification.

6. Upon receipt of the completed verified form from your prior agency, the New York City Fire Pension Fund will calculate the cost to the member. Upon notification of the costs the member will have thirty (30) days in which to make payment. Members have the following options to pay for the cost of this buyback:

a) Bank or personal check payable to the New York City Fire Pension Fund;

b) Check from the Deferred Compensation (457) or (401K) Plan to purchase this and other service credit without penalty or taxes and they will not have to pay it back because it is not a loan;

c) If applicable, reduce excess contribution to pay partial/full cost of buyback.

If you have any questions pertaining to this letter or application, please contact the NYC Fire Pension Fund Buyback Unit.

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Departmental Certificate of Service Rendered by Member Claiming Service Prior to Membership Date in the FDNY.

THIS FORM IS TO BE SUBMITTED BY THE MEMBER'S PRIOR EMPLOYMENT AGENCY.

In order to process a buyback application, the NYC Fire Pension Fund must verify the salary and service history for the period of time the member wants to purchase. This application is to be completed by the agency the member worked for to provide verification of the member's earnings and service. It is not acceptable without the documentation listed below. If you have any questions, please contact the NYC Fire Pension Fund Buyback Unit.

PART I: THIS SECTION TO BE COMPLETED BY MEMBER:

First Name: _____ **MI:** _____ **Last Name:** _____

Last 4 of SSN ☐☐☐☐ **FDNY Ref # or Tax ID** _____ **Contact#** _____

Prior City/State Agency: _____ **Prior Title** _____

Start Date _____ **End Date** _____ **Email** _____

Member's Signature _____ **Date** _____

PART II: THIS SECTION TO BE COMPLETED BY PRIOR AGENCY:

In addition to completing this section of the form, please attach supporting documentation: W-2's or computer printout(s) of payroll earnings or payroll earnings report; Copy of roster card or employment history.

Dates of Employment		Title	Total Hrs/ Days Worked	Hrs per day/ Days per week	Gross Earnings
From (start date) (MM/DD/YYYY)	To (end date) (MM/DD/YYYY)				

Signature of Official: _____ **Title:** _____

Agency: _____ **Date:** _____

Phone Number: _____ **Email:** _____