



# New York City Police Pension Fund

233 Broadway, 25th fl.  
New York, NY 10279  
212-693-5750  
www.nyc.gov/nycppf

Office use

## Member Records / File Request

All members

Time and date

### Instructions:

1. Use this form to request a full copy of a member's file or for copies of specific items in a file.
2. An authorization for medical information is voluntary and may be revoked at anytime. Only the medical information authorized below by the member will be released.
3. Members are entitled to one free copy of their pension file. The Fund charges \$0.50 per page for paper records plus mailing costs, and a flat \$10 fee if released digitally on a disc. The Fund will send a bill for record requests; payment must be received before records are released.
4. This form must be notarized unless the member signs it in person at the Fund. Mail to the attention of the Legal Division, NYC Police Pension Fund, 233 Broadway - 25th Floor, New York, NY 10279. Fax to: (212) 693-2823. For more information call the Legal Division at (212) 693-5750.

### Member information:

Tax ID #: \_\_\_\_\_

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

Contact phone #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

### Desired records (check all that apply):

- Entire pension file
- Medical records from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ .
- Entire medical record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, and records sent by other health providers. Include (must initial if included): \_\_\_\_\_ Alcohol/drug treatment  
 \_\_\_\_\_ Mental health information  
 \_\_\_\_\_ HIV-related information
- Other (e.g., Change of Beneficiary Form, Notice of Participation): \_\_\_\_\_

Member signature: \_\_\_\_\_

### Disclose/send records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Notarization:

[Notarization is required if you mail or fax this form to the NYCPPE.]

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: \_\_\_\_\_

[Please affix stamp or seal]