



New York City Police Pension Fund

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

Office use

ITHP (Increased Take-Home Pay)

Tier 2

Time and date

1) Member information (please print):

Date: ____ / ____ / ____
mm dd yyyy

First name: _____ MI: ____ Last name: _____

Command: _____ Cell / daytime phone: (____) _____

SSN (last 4 digits): |_|_|_|_| Rank: _____ Tax ID #: |_|_|_|_|_|_|_|_|

2) ITHP request:

Check box A or box B:

Increase pension contributions **A** **or**

- **START ITHP waiver**, which will add 5% to my pension contributions. I understand that ITHP contributions are from pretax income and that these contributions are located in the *POL 414H* section of my pay stub (Federal tax-deferred contributions).

Increase take-home pay **B**

- **STOP ITHP waiver**, which will increase my take-home pay by reducing my pension contributions by 5.0%.

Member signature: _____ Date: ____ / ____ / ____

3) Notarization:

[Notarization is required if this form is mailed to the NYCPPF.]

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: _____

Commission expires: ____ / ____ / ____ [Affix stamp or seal]

Office use only

Action code: **C**

For payroll of: ____ / ____ / ____

CD:

Doc. #: |_|_|_|_|_|_|_|_|

Payroll #: **056**

JSN: **1**

Effective date: ____ / ____ / ____

Pension tier: **002**

Expiration date: ____ / ____ / ____

Pension plan: **0000** Pension designator: **R**

Deduction code: **7658**

Pension ITHP: **N** Employee ID #: _____

Deduction rate: **0.** |_|_|_|_|_|

Pension variable annuity code: **N**

ITHP rate: **0.0500**

Pension 50% indicator: **N**

PMS Entered by: _____

PMS Checked by: _____

COPS Entered by: _____

DUPLICATE Check if yes

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Date of original