



New York City Police Pension Fund

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

Office use

Authorization

All Members

Time and date

1) Instructions:

- Use this form to authorize the NYCPPF Legal Division to discuss the member's pension file and/or medical records with the attorney, financial planner or another person/office/entity named in Section 3.
- Only the topics/documents specified in Section 4 may be discussed with the authorized entity in Section 3. Authorization to discuss or to release medical information is voluntary and revocable at any time.
- This form must be notarized unless you sign it in person at the NYCPPF offices. Mail or fax the notarized form to: NYC Police Pension Fund, Attn. Legal Division, 233 Broadway – 25th fl., New York, NY 10279. FAX #: (212) 693-2823. Please call the Legal Division at (212) 693-5750 with any questions.
- Use form PPF 230 available at www.nyc.gov/nycppf to request a copy or portion of your pension file.

2) Member information: (please print)

First name: _____ MI: _____ Last name: _____

Contact phone #: _____ Tax ID #: _____ Date: ____/____/____
mm dd yyyy

3) Authorized entity: (please print)

Name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

4) Authorized topics: (check box/boxes and initial or describe topic/s, as applicable)

1. Full pension file 2. Specific document/s (e.g., pension valuation). Describe on line below:

3. Medical records from ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

4. All medical records, to include patient histories, office notes, test results, radiology studies, films, referrals, consults, billing records and records from health care providers. Documentation related to the information types named in #5 below will be excluded.

5. Initial any of the following information types to authorize NYCPPF Legal to discuss it:

Alcohol/drug treatment: _____ Mental health: _____ HIV-related: _____

Member signature: _____ Date: ____/____/____

5) Notarization:

[Notarization is required if you mail or fax this form to 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: _____

[Please affix stamp or seal]