



New York City Police Pension Fund

“Serving the Finest”

Office Use Only

Record Request

Demographics:

Check **one**: Member Retiree Alternate Payee Beneficiary

First Name: _____ Last Name: _____

Tax or Pension No.: _____ Contact Number: _____

Instructions:

This form is for ALL TIERS

- Print all requested information and answer each section completely. Mailed forms must be notarized.
- Complete this form to request a full copy of a member’s file or for copies of specific items in a file. Records containing the specific medical information specifically authorized below will be released.
- 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.

Disclose Records To:

Name: QDRO Advisors, Inc. Contact # Thomas Treacy

Address: 248 Route 25A, Suite 105

City: East Setauket State: NY Zip code: 11733

Authorized Records:

Check all applicable boxes and initial where applicable, if desired.

- Full Pension File
- WTC Notice of Participation
- Medical Records from _____ / _____ / _____
to _____ / _____ / _____
mm dd yyyy
- Other (specify): _____

- All Medical Records
This includes patient histories, office notes, test results radiology studies, films, referrals, consults, billing records, and records from health care providers. Documentation pertaining to the below will not be disclosed unless initialed.
Initial to include:
Alcohol/drug treatment: _____
Mental health information: _____
HIV-related information: _____

Acknowledgement:

Signature: _____ Date: _____

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.

Affix notary seal or staff name and signature:

Signature of Notary Public: _____

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