



Request for Retirement Allowance Data for Firefighters Paid Pursuant to Section 207-a of the General Municipal Law

PF 6302

(Rev. 4/16)

INSTRUCTIONS:

This form is to be used by employers to obtain information concerning the Accidental or POD Disability Retirement Benefits as a basis to adjust the salary being paid to a fireman pursuant to section 207-a of the General Municipal Law.

The requestor must complete items 1 and 2. Send the completed form to the Retirement Systems at 110 State Street, Albany, NY 12244; Attention: Disability Services Bureau, Calculations Unit. Please make and retain a copy for your records.

TO BE COMPLETED BY EMPLOYER

1. EMPLOYER CERTIFICATION

I certify that _____, Retirement System Registration Number _____, is currently receiving salary pursuant to section 207-a of the General Municipal Law. The Accidental or POD Disability Benefit information is requested to permit the adjustment of salary as required by Section 207-a of the General Municipal Law.

Signature

Official Title

Official Mailing Address

**2. RETIREMENT ALLOWANCE AMOUNT INFORMATION REQUEST
(Please Check the box(es) for information needed)**

Annual No Option Retirement Allowance Amount

Annual Actual Retirement Allowance Amount

Annual Cost-of-Living Adjustment (COLA)

TO BE COMPLETED BY THE RETIREMENT SYSTEM

The Annual No Option retirement allowance for the above named pensioner is: _____

The Annual Actual retirement allowance for the above named pensioner is: _____

The Annual COLA for the above named pensioner is: _____ Effective: _____

Signature

Title