



Received Date

For Firemen Paid Pursuant to
Section 207-a of the General
Municipal Law

PF 6302
(Rev. 04/19)

Please type or print clearly
in blue or black ink

NYSLRS ID

□ □ □ □ □ □ □ □ □ □

Social Security Number [last 4 digits]

XXX-XX- □ □ □ □

INSTRUCTIONS:
This form is to be used by Employers to obtain information concerning the Accidental and Performance of Duty 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 New York State and Local Retirement System at 110 State Street, Albany NY, 12244: Attention Disability Service Bureau, Calculations Unit. Please retain a copy for your records.

1. EMPLOYER CERTIFICATION
I, certify that _____, NYSLRS ID Number _____, is currently receiving salary pursuant to Section 207-a of the General Municipal Law. The Accidental or Performance of Duty Disability Retirement Benefit information is requested to permit the adjustment of salary as required but Section 207-a of the General Municipal Law.
Signature: _____ Official Title: _____
Official Mailing Address: _____

2. RETIREMENT ALLOWANCE AMOUNT INFORMATION REQUEST
(Select the information type(s) needed)
_____ Annual No Option Retirement Allowance Amount
_____ Annual Actual Retirement Allowance Amount
_____ Annual Cost-of-Living Adjustment (COLA)

3. TO BE COMPLETED BY THE RETIREMENT SYSTEM
The Annual No Option Retirement Allowance Amount is: \$ _____
The Annual Actual Retirement Allowance Amount is: \$ _____
The Annual Cost-of-Living Adjustment (COLA) is: \$ _____
Signature: _____ Official Title: _____

