

**DES PLAINES FIREFIGHTERS' PENSION FUND
APPLICATION FOR MEMBERSHIP**

I hereby make application for membership in the Des Plaines Firefighters' Pension Fund with the City of Des Plaines Fire Department under the terms and provisions of Article 4 of the Illinois Pension Code (40 ILCS 5/4-101 *et seq.*) and other applicable law. In addition, I have completed the Des Plaines Firefighters' Pension Fund Background Information Form, and it is attached hereto and made a part hereof.

I was appointed to the Des Plaines Fire Department on the _____ day of _____, _____, and have served in the Department since that date.

I first entered active service with an Article 4 Pension Fund on or before January 1, 2011 (Tier I member).
Yes [] No []

I first entered active service with an Article 4 Pension Fund after January 1, 2011 (Tier II member).
Yes [] No []

Date of Birth: _____ / _____ / _____ (mm/dd/yyyy).

PREVIOUS ARTICLE 4 PENSION FUND PARTICIPATION

Have you previously served as a firefighter in an Illinois fire department or fire protection district for at least one (1) year and been a member in another Article 4 pension fund? Yes [] No []

Any firefighter hired on or after July 1, 2004, must, within twenty-one (21) months of being hired, notify the following of his or her intent to combine creditable service from multiple Article 4 pension funds: (1) the Fund; (2) the City; (3) all previous fire departments or fire protection districts at which he or she was employed and a member of an Article 4 pension fund; and (4) the Public Pension Division of the Division of Insurance, Illinois Department of Financial & Professional Regulation. If you have such previous service(s), please provide the following information (attach additional sheets, if necessary):

Fire Protection District/Fire Department: _____

Pension Fund Contact Person: _____

Address: _____

Phone Number: _____

Date of Hire: _____ Date of Termination: _____

Dates of any breaks in service (if applicable): _____

Membership in Fund: _____ years, _____ months

Ending pensionable salary with Fire Protection District/Department: _____

Did you receive a refund of contributions from that pension fund? Yes [] No []

If yes, please indicate the amount of refund (gross): _____ Date of Refund: _____

Fire Protection District/Fire Department: _____

Pension Fund Contact Person: _____

Address: _____

Phone Number: _____

Date of Hire: _____ Date of Termination: _____

Dates of any breaks in service (if applicable): _____

Membership in Fund: _____ years, _____ months

Ending pensionable salary with Fire Protection District/Department: _____

Did you receive a refund of contributions from that pension fund? Yes [] No []

If yes, please indicate the amount of refund (gross): _____ Date of Refund: _____

If it is your intention to combine creditable service from multiple Article 4 pension funds, please submit a written request to the Pension Board. Additional paperwork will then be provided to you.

IMRF PARTICIPATION

Were you previously excluded from participation in the Fund because you earned credit for service in IMRF?
Yes [] No []

If yes, please indicate whether you plan to establish creditable service for the period of time you were excluded: Yes [] No []

If yes, please state the dates of this time period: From _____ to _____

If it is your intention to establish creditable service under Article 4 for service credit received while participating in IMRF, please submit a written request to the Pension Board. Additional paperwork will then be provided to you.

I authorize the City of Des Plaines, the City of Des Plaines Board of Fire & Police Commissioners, and the Des Plaines Fire Department to disclose any documentation regarding my physical condition for purposes of this application I make to the Fund. I waive, for myself and any persons who may have an interest in this matter, all provisions of the law relating to the disclosure of information acquired through those examinations. A photocopy of this authorization shall be as effective and as valid as the original.

Print Name

Address (line 1)

Signature

Address (line 2)

Date

Social Security Number

Phone Number

E-mail Address

FOR BOARD USE ONLY

Received by _____ on _____
(date)

Signature

The foregoing application having been duly presented and considered by the Board of Trustees of the Des Plaines Firefighters' Pension Fund, the same is hereby

APPROVED / REJECTED (circle one) this _____ day of _____, 20_____.

**BOARD OF TRUSTEES OF THE DES
PLAINES FIREFIGHTERS' PENSION FUND**

PRESIDENT

SECRETARY