

**DES PLAINES FIREFIGHTERS' PENSION FUND
CREDITABLE SERVICE CLAIM FORM AND AFFIDAVIT**

If you wish to claim creditable service from another Article 4 firefighter pension fund or transfer IMRF credit, please complete and submit the following form.

If you are seeking to combine creditable service from multiple Article 4 funds, you hereby authorize the additional pension contribution of one percent (1%) of your salary pursuant to Section 4-118.1(c) of the Illinois Pension Code (40 ILCS 5/4-118.1(c)) for a total contribution deduction of 10.455%.

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 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 the Public Pension Division of the Division of Insurance. Also note that if you are seeking to combine creditable service from multiple Article 4 pension funds, you are authorizing the additional pension contribution of one percent (1%) of your salary pursuant to Section 4-118.1(c) of the Illinois Pension Code (40 ILCS 5/4-118.1(c)).

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 Membership in Fund: _____, years _____ months

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

Ending annual salary with fire protection district/department: _____

Did you receive a refund of contributions? Yes [] No []

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

Refund to be paid back as follows: ___ Lump sum of _____ on _____

_____ Equal installments of _____ per _____ for _____ (years/months)

If you had received a refund, have you repaid the refund with interest as provided in Section 4-109.3 of the Illinois Pension Code (40 ILCS 5/4-109.3)? Yes [] No []

Fire Protection District/Fire Department: _____

Pension Fund Contact Person: _____

Address: _____

Phone Number: _____

Date of Hire: _____

Date of Termination: _____

Dates of Membership in Fund: _____, years _____ months

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

Ending annual salary with fire protection district/department: _____

Did you seek a refund of contributions? Yes [] No []

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

Refund to be paid back as follows: _____ Lump sum of _____ on _____

_____ Equal installments of _____ per _____ for _____ (years/months)

If you had received a refund, have you repaid the refund with interest as provided in Section 4-109.3 of the Illinois Pension Code (40 ILCS 5/4-109.3)? Yes [] No []

IMRF PARTICIPATION

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

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 _____

Please also complete and submit **Form W** regarding the creditable service claim and payment for this IMRF credit.

Date

Signature of Applicant

Social Security Number

Print Name

Address

City, State, and Zip Code

Phone Number

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

APPLICANT'S AFFIDAVIT

I, _____, being first duly sworn on oath, state
(Name)

that the information set forth in my Des Plaines Firefighters' Pension Fund Creditable Service Claim Form is true and correct. I understand that any misrepresentation, falsification, or material omission may result in my application no longer being considered by the Fund, or disciplinary action, up to and including discharge.

Signature

Subscribed and Sworn to
before me this ____ day
of _____, 20_____.

Notary Public

Name

Social Security Number

Address

Date of Birth

City, State, and Zip Code

Phone Number

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 _____, _____.

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

By: _____
President

By: _____
Secretary