

**DES PLAINES FIREFIGHTERS' PENSION FUND  
AFFIDAVIT OF CONTINUED ELIGIBILITY**

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The following affidavit must be completed and returned in the enclosed envelope within twenty (20) days to ensure that your next benefit payment will be issued in a timely fashion. The form must be signed in the presence of a Notary Public and notarized, or it will **NOT** be accepted upon return. Failure to return this form in a timely manner may result in your monthly benefit being issued in the form of a check and would require you to physically appear before the Pension Board in order to collect your pension payment.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
Your SSN: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_  
E-mail Address (optional to expedite communication): \_\_\_\_\_  
Current Employer: \_\_\_\_\_ Employer's Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

**The undersigned, being first duly sworn on oath, deposes and states I am a member of the Des Plaines Firefighters' Pension Fund and:**

1. I am now receiving a:
  - Line of Duty Disability Pension
  - Not on Duty Disability Pension
  - Heart Attack / Stroke Disability Pension
  - Occupational Disease Disability Pension
  - Survivor's Pension
  - Retirement Pension
  
2. I am currently:
  - Single
  - Married
  - Divorced
  
3. If you have remarried, what was the date of your remarriage? \_\_\_\_\_
  
4. Do you have dependent children or dependent parents? \_\_\_\_\_
  
5. If yes, please give names, dates of birth, and Social Security Numbers: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**

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Please return this form to the following:

Lauterbach & Amen, LLP  
Attention PSA Services  
24W457 Warrenville Road  
Warrenville, IL 60555  
FAX: (630)-393-1483

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Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the above named person, who is (check one)

\_\_\_\_\_ personally known to me

\_\_\_\_\_ Presented the following identification to verify his/her identity:

Identity Type: \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Notary Seal)