DES PLAINES FIREFIGHTERS' PENSION FUND APPLICATION FOR RETIREMENT PENSION BENEFITS

FULL NAME:
DATE OF PROBATIONARY EMPLOYMENT:
DATE OF REGULAR EMPLOYMENT:
CURRENT RANK:
CURRENT SALARY/SALARY AS OF DATE OF RETIREMENT:
DATE OF BIRTH:
MEMBERSHIP/PARTICIPATION INFORMATION HAVE YOU BEEN CONVITED OF A FELONY ARISING OUT OF OR IN CONNECTION WITH YOUR DUTIES AS A FIREFIGHTER? NO YES YES
HAVE YOU EVER APPLIED FOR A REFUND OF PENSION CONTRIBUTIONS? NO YES
DO YOU HAVE PREVIOUS ARTICLE 4 PENSION FUND PARTICIPATION? NO YES
IF SO, HAVE YOU PREVIOUSLY APPLIED TO COMBINE YOUR CREDITABLE SERVICE TIME (RECIPROCITY)?
THROUGHOUT YOUR TENURE WITH THE CITY OF DES PLAINES FIRE DEPARTMENT HAVE YOU PURCHASED MILITARY SERVICE? NO YES
THROUGHOUT YOUR TENURE WITH THE CITY OF DES PLAINES FIRE DEPARTMENT HAVE YOU BEEN DIVORCED AND FILED A QILDRO WITH THE DES PLAINES FIRE PENSION FUND? NO YES
THROUGHOUT YOUR TENURE WITH THE CITY OF DES PLAINES FIRE DEPARTMENT HAVE YOU EVER INCURRED ANY UNPAID BREAKS IN YOUR SERVICE TO WHICH FULL PENSION CONTRIBUTIONS WERE NOT PAID INTO THE DES PLAINES FIREFIGHTERS' PENSION FUND? NO YES
SURVIVORS/DEPENDENT INFORMATION
ARE YOU CURRENTLY MARRIED? YES NO
DO YOU HAVE DEPENDENT PARENTS/CHILDREN (OVER 18) WITHIN YOUR HOUSEHOLD? YES NO
IF YES, HAVE YOU FILED PAPERWORK/DOCUMENTATION WITH THE PENSION BOARD WHICH CONFIRMS YOUR MARITAL STATUS AND/OR PARENT/CHILD (OVER 18) DEPENDENCY? YES NO

PLEASE LIST NAMES, DATE(S) OF BIRTH AND RELATIONSHIP FOR EACH SPOUSE, CHILD (UNDER 18), AND POTENTIAL DEPENDENT (PARENT/CHILD (OVER 18).

*	* *
	RIED AND DO NOT HAVE ANY SURVIVORS/DEPENDENTS, DO ILL OR OTHER ESTATE DOCUMENTS ON FILE WITH THE YES NO
* I, HEI BENEFITS FROM THE CITY OF DES	* * REBY MAKE APPLICATION FOR RETIREMENT PENSION PLAINES FIREFIGHTERS' PENSION FUND AS OF
	NCE WITH THIS APPLICATION/REQUEST I WILL BE REQUIRED TERIALS RELATING TO MY REQUEST AND AM WILLING TO WITH RESPECT TO THE SAME. (INITIAL)
PENSION FUND MUST FORMALLY \	OF TRUSTEES OF THE CITY OF DES PLAINES FIREFIGHTERS' OTE TO APPROVE MY RETIREMENT PENSION REQUEST AT DATE AND TIME TO BE DETERMINED BY THE PENSION
I HEREBY CERTIFY THAT THE INF BEST OF MY KNOWLEDGE.	(INITIAL)
	(INITIAL)
DATE	SIGNATURE OF APPLICANT
SOCIAL SECURITY NUMBER	PRINT NAME
ADDRESS	
E-MAIL ADDRESS	DAY TIME PHONE NUMBER

FOR BOARD USE ONLY				
Certified Service:	Years	Months	Days	
I hereby certify that true as far as the same rela		•	he above statements to e Fire Department.	be correct and
Signed at Des Plair	es, Illinois, on		_, 20	
		Fire Chie	f or Chief's Designee	
\$ per y (Disability); or \$ is applicants' retirement, I, certify under oath that the s	the amount of sal	ary received for the 20		tely prior to the
records in my office.				
		Secretary	of Fire Pension Fund	
Subscribed and sworn to be	fore me on		, 20	
Notary Public				
Received by		0	n (date)	
			(date)	
			Signature	
The foregoing application I Des Plaines Firefighters' Pe				
	_day of		<u>, 20 </u>	
			OF TRUSTEES OF THE D HTERS' PENSION FUN	
		By:	President	
		Ву:	ICONGIN	
			Secretary	