

**DES PLAINES FIREFIGHTERS' PENSION FUND
BACKGROUND INFORMATION FORM**

Each applicant to the Des Plaines Firefighters' Pension Fund is required to file the following statement. This form shall become part of your permanent record. Please answer the following questions completely and accurately. Please submit with this form copies of the following documents where applicable: your birth certificate, spouse's birth certificate, your children's birth certificates, marriage certificate, divorce decree, U.S. military service records and/or discharge records, and records which establish child (over age 18) and/or parent dependency. You must routinely notify the Pension Board of any changes to the information provided on this form. You are required to provide copies of future/supplemental birth, marriage, divorce, military, and dependency records. Your failure to provide the Pension Board with up to date and complete information may delay the processing of any future pension benefit claim(s).

(USE TYPEWRITER OR PRINT)

NAME: _____
 Last First Middle

ADDRESS: _____
 Street City Zip

 Rank Place of Birth

 Date of Birth Social Security Number

FATHER'S NAME: _____
 Last First Middle

MOTHER'S NAME: _____
 Last First Middle

IF MARRIED, GIVE: _____
 Date of Marriage City/Town

SPOUSE'S NAME: _____
 Last First Middle

DATE & PLACE OF SPOUSE'S BIRTH: _____
 Date City/Town

SPOUSE'S SOCIAL SECURITY NUMBER: _____

PLEASE LIST ALL OF YOUR LIVING NATURAL OR ADOPTED DEPENDENTS UNDER THE AGE OF 18 YEARS OR DEPENDENT ADULT CHILDREN OR DEPENDENT PARENTS. Please note that stepchildren who have not been legally adopted by you are not "dependents" for pension purposes:

NAME	DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	NATURAL or ADOPTED	DEPENDENT BY DISABILITY? (YES/NO)
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I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT. FURTHERMORE, I UNDERSTAND THAT IF ANY INFORMATION SUBMITTED ON THIS FORM CHANGES, I MUST IMMEDIATELY NOTIFY THE DES PLAINES FIREFIGHTERS' PENSION FUND.

Initials

I HEREBY UNDERSTAND THAT MY FAILURE TO KEEP UP TO DATE INFORMATION AND DOCUMENTATION ON FILE WITH THE PENSION BOARD MAY CAUSE DELAY IN THE PROCESSING OF MY FUTURE BENEFIT CLAIM(S).

Initials

Date

Signature

Attachments (please check applicable records):

Participant's Birth Certificate	
Spouse's Birth Certificate	
Child/Children's Birth Certificate(s)	
Marriage Certificate(s)	
Civil Union Decree(s)	
Divorce Decree(s)/Marital Settlement Agreement(s)	
QILDRO, QILDRO Consent, QILDRO Calc Order(s)	
U.S. Military Service Records and/or Discharge Paperwork	
Dependent Parent Records Establishing Disability & Financial Dependency	
Dependent Child (over 18) Records Establishing Disability & Financial Dependency	
Certified Copy/Copies of Children's Adoption Orders	
Copy of Will/Trust/Estate paperwork (identifying heirs/beneficiaries)	
Written requests for reciprocity (to combine service time with prior Article 4 Fund or IMRF time)	
Fitness for Duty Evaluation(s)	

FOR BOARD USE ONLY

Received by _____

on _____

(date)

SIGNATURE