

FORM E

PARK RIDGE FIREFIGHTERS' PENSION FUND
AFFIDAVIT OF ELIGIBILITY – RETIREMENT OR SURVIVOR'S BENEFITS

*The following affidavit must be completed and returned in the enclosed envelope within thirty (30) days to assure that your next check 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.*

Name: _____ Phone: _____
Address: _____ Date of birth: _____

Your SS#: _____
E-mail Address: _____
Current Employer: _____ Employer's Phone No.: _____
Employer's Address: _____ Job Title: _____
Spouse's Name: _____ Spouse's SS#: _____

Check the appropriate items:

1. I am now receiving: Retirement _____ Widow's/Widower's _____, Dependent Children or Parents _____, benefit(s) from the Park Ridge Firefighters' Pension Fund.
2. I am currently: Single _____, Married _____, Divorced _____, Separated _____, Widowed _____.
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: _____

I CERTIFY THAT THE ABOVE INFORMATION AND STATEMENTS ARE TRUE.

Signature of Pensioner or Legal Representative

Date

Subscribed and sworn to
before me this _____ day
of _____, _____

Notary Public