

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