

**Hoffman Estates Firefighters' Pension Fund**  
**Affidavit of Eligibility (Retirement, Survivor's or Disability Benefits)**

*This affidavit must be completed and returned in the enclosed envelope within thirty (30) days. The form must be signed in the presence of a Notary Public and notarized, or it will NOT be accepted upon return.*

Pensioner Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Current Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

Check the appropriate items:

1. I am now receiving: Retirement \_\_\_\_\_ Widow's/Widower's \_\_\_\_\_ Dependent Children or Parents \_\_\_\_\_ or Disability \_\_\_\_\_ benefit(s) from the Hoffman Estates 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? \_\_\_\_\_
  - a. If yes, please give names, dates of birth, and last four digits of Social Security numbers:  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THE ABOVE INFORMATION AND STATEMENTS ARE TRUE.**

\_\_\_\_\_  
Signature of Pensioner, Survivor or Legal Representative

\_\_\_\_\_  
Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

Signed and attested before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name/s of person/s).

\_\_\_\_\_  
(Signature of Notary Public)

(Seal)

**FOR BOARD USE ONLY**

Received by \_\_\_\_\_ on (date) \_\_\_\_\_

\_\_\_\_\_  
Signature