

FORM 24

**ROLLING MEADOWS FIREFIGHTERS' PENSION FUND
APPLICATION FOR RETIREMENT BENEFITS**

Please attach a copy of your retirement request with this application.

Tier 1 - I was a member of an Article 4 pension fund prior to January 1, 2011

Tier 2 - I was not a member of an Article 4 pension fund prior to January 1, 2011

Name: _____ Rank: _____

Age: _____ Date of probationary appointment: _____, _____.

Date of regular appointment: _____, _____.

Member of the Fire Department for _____ year(s), _____ month(s), and _____ day(s).

I hereby make application for retirement pension from the Rolling Meadows Firefighters' Pension Fund as of
_____, _____.

Please indicate any time periods that would not count as creditable service under Section 4-108 of the Illinois Pension Code (40 ILCS 5/4-108) (furloughs and leaves of absence with no pay exceeding 30 days in any one year where no required contribution was made to the Fund): _____

Is your retirement pension subject to a Qualified Illinois Domestic Relations Order? Yes _____ No _____
If yes, please attach a copy of the court's order.

PREVIOUS ARTICLE 4 PENSION FUND PARTICIPATION

Have you previously served as a firefighter in an Illinois fire department or fire protection district for at least one (1) year and been a member in another Article 4 pension fund? If you have such previous service(s), please provide the following information (attach additional sheets, if necessary):

Fire Protection District/Fire Department: _____

Pension Fund Contact Person: _____

Address: _____

Phone Number: _____

Date of Hire: _____ Date of Termination: _____

Dates of Membership in Fund: _____, years _____ months _____

Ending annual salary with Fire Protection District/Department: _____

Did you receive a refund of contributions from that pension fund? Yes [] No []

Fire Protection District/Fire Department: _____

Pension Fund Contact Person: _____

Address: _____

Phone Number: _____

Date of Hire: _____ Date of Termination: _____

Dates of Membership in Fund: _____, years _____ months _____

Ending annual salary with Fire Protection District/Department: _____

Please detail the breakdown of your ending salary: _____

Did you receive a refund of contributions from that pension fund? Yes [] No []

Are you seeking to apply creditable service from other Article 4 pension funds for purposes of your retirement benefits from the Fund? Yes _____ No _____ If yes, please complete and submit **Form 11** with this application.

IMRF PARTICIPATION

Were you previously excluded from participation in the Fund because you earned credit for service in IMRF?

Yes [] No []

If yes, please indicate whether you plan to establish creditable service for the period of time you were excluded:

Yes [] No []

If yes, please state the dates of this time period: From _____ to _____

Please also complete **Forms 12 and 13** regarding the payment for this IMRF credit.

Date

Signature of Applicant

Last Four Digits of SSN

Print Name

Address

City, State, and Zip Code

Email Address

Phone Number

FOR BOARD USE ONLY

Received by _____ on _____
(date)

Signature

The foregoing application having been duly presented and considered by the Board of Trustees of the Rolling Meadows Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this ___ day of _____, _____.

**BOARD OF TRUSTEES OF THE ROLLING MEADOWS
FIREFIGHTERS' PENSION FUND**

By: _____
President

By: _____
Secretary