

BOARD OF TRUSTEES OF THE CHAMPAIGN POLICE PENSION FUND

Application For Pension

To: The Board of Trustees of the Champaign Police Pension Fund

From: _____
Name Employee Number

Address Social Security Number

I am a member of the Police Department of Champaign, Illinois and I hereby make application for a pension as provided by law.

The type of pension(s) I am applying for is: _____ (Please specify: "retirement" [40 ILCS 5/3-111]; "line of duty" [40 ILCS 5/3-114.1], "heart attack or stroke suffered in performance of duty" [40 ILCS 5/3-114.3], "occupational disease" [40 ILCS 5/3-114.6] and/or "not on duty" [40 ILCS 5/4-114.2], disability). If the request is for a "disability" pension benefit, please attach medical documents and state the following:

(1) The date(s) of the accident, injury(ies) or illness: _____

(2) The precise nature of the injury(ies) or illness complained of: (i.e. part or parts of body affected): _____

(3) Please provided a detailed statement of the manner in which the accident or injury(ies) was(were) sustained:

(4) Names of witnesses to the accident or injury(ies): _____

(5) In the event your request is for a "line of duty", "heart attack or stroke suffered in performance of duty", or "occupational disease" disability, and is alleged to have arisen out of the performance of an "act of duty", or the accumulative effects of an act of duty, please provide (or attach) a detailed statement in support thereof. The aforementioned includes, but is not limited to, Police Department records, City records, incident reports, injury reports, etc. _____

The following information is herewith provided:

- (1) Effective date of Pension applied for: _____
- (2) Date of appointment to Department: _____
- (3) Period of time completed in Department: _____
Years/Months
- (4) Present Rank: _____
- (5) Present Salary: _____
Annual Monthly
- (6) Age: _____ Date of Birth: _____ Place of Birth: _____
- (7) Date of Marriage: _____ Place of Marriage: _____
- (8) Spouse's Maiden Name: _____
- (9) Spouse's Date of Birth: _____ Place of Birth: _____
- (10) Names of dependent children now living under eighteen (18) years of age:
 - (a) _____ Date of Birth: _____
 - (b) _____ Date of Birth: _____
 - (c) _____ Date of Birth: _____
 - (d) _____ Date of Birth: _____

I _____ hereby submit this application for pension from the Champaign Police Pension Fund Board as of the date set forth above and for the reasons given. I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

_____ Date _____ Signature of Applicant

Subscribed and sworn to before me this ____ day of _____, 20____.

_____ Notary Public

I certify that from the official records of the Police Department, the above information regarding length of service and salary are true and correct.

_____ Date _____ Police Chief