

**BOARD OF TRUSTEES OF THE  
PARK RIDGE FIREFIGHTERS' PENSION FUND**

**RULES**

**CITY OF  
PARK RIDGE FIRE DEPARTMENT  
COOK COUNTY, ILLINOIS**

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**RULES OF THE BOARD OF TRUSTEES OF  
THE PARK RIDGE FIREFIGHTERS' PENSION FUND**

**CHAPTER I - BOARD OF TRUSTEES**

**1.01 Membership of the Board**

The Board of Trustees of the Park Ridge Firefighters' Pension Fund (the "Board") shall consist of the following five (5) members: two (2) members appointed by the City's Mayor; two (2) active firefighters of the Park Ridge Fire Department; and one (1) person who has retired under the Firemen's Pension Fund Act of 1919 (former Ill.Rev.Stat. ch. 24, par. 918 *et seq.*) or Article 4 of the Illinois Pension Code (40 ILCS 5/4-101 *et seq.*). A firefighter receiving a disability pension shall be considered a retired firefighter for purposes of membership on the Board of Trustees. (40 ILCS 5/4-121)

**1.02 Election of Board Members**

The members of the Board chosen from the active and retired firefighters shall be elected by ballot at elections to be held near the third Monday in April as practical of the applicable years under the Australian ballot system. No person shall cast more than one vote for each candidate for whom he or she is eligible to vote.

The Board shall accept self-nominations for candidates prior to the election in the applicable years. Candidates for the positions of active firefighters may be nominated by active firefighters. Candidates for the position of retired firefighter may be nominated by retired firefighters. In the elections for board members to be chosen from the active firefighters, only active firefighters may vote. In the elections for board members to be chosen from retired firefighters, only retired firefighters may vote. In the event that there are no retired firefighters under the Fund or if none is willing to serve on the Board, then an additional active firefighter shall be elected to the Board in lieu of the retired firefighter who would otherwise be elected. In this instance active members may vote for the substitute retired member. If no retired firefighters are serving on the Board and a newly retired firefighter becomes available and is willing to serve on the Board, the next active firefighter seat that becomes available for election shall be returned to a retired member seat for election by retired firefighters.

At the Fund's annual meeting in the applicable years, the President shall appoint an election committee of three (3) active firefighters, one from each shift, to serve as election judges. The President shall designate one of the election judges as the chair of the election committee. The election committee shall give written notice to the membership of the Fund of the dates for the election. The election committee will prepare proper ballots and conduct the election for a seven (7) day period at the end of April. The committee members shall be available each day during this week on his or her shift to provide a ballot to the members and to collect the ballots. The committee members shall maintain the security of the ballot box and the secrecy of the ballots while in his or her possession and directly pass the ballot box to another committee member upon shift change.

On the day following the last day of the election, the election committee shall meet and count the ballots. Only candidates or a representative for a candidate may be present at the counting. The committee shall prepare the results of the election in writing, signed by all members of the committee, to the President or Secretary of the Board immediately. The Board shall conduct the election for the retired member.

The Board shall meet and canvass the ballots and declare which persons have been elected and for what term or terms respectively. If there are more than two candidates for a position and no single

candidate receives a majority of the vote, the candidates with the two highest votes will participate in a run-off election. The run-off election shall be conducted in the same manner as the initial election. In case of a tie vote between two or more candidates, the Board shall determine by lot which candidate or candidates have been elected and for what term or terms respectively. The results of the election shall be posted at each fire station. In the event that there are only as many nominated as there are vacancies on the Board, the Board shall declare that those nominated are elected by acclamation and dispense with an election by ballot. The elected Board members shall take office on May 1<sup>st</sup> of the applicable year. (40 ILCS 5/4-121)

**1.03 Term of Office**

Each elected and appointed member of the Board shall hold office for a term of three (3) years and until his or her successor has been duly elected or appointed, and qualified. (40 ILCS 5/4-121)

**1.04 Vacancies**

In the event of the failure, resignation, or inability to act of any elected Board member, a successor shall be elected for the unexpired term at a special election called by the Board and conducted in the same manner as a regular election. In the event of the failure, resignation, or inability to act of any appointed Board member, a successor shall be appointed by the City's mayor for the unexpired term. (40 ILCS 5/4-121)

**1.05 Officers**

**A. President and Secretary**

A President and Secretary shall be elected annually for a one-year term ~~upon the election of the new board members~~ at the first regular meeting of the Board's fiscal year. All elections shall be conducted in open session of the Board. Candidates for President and Secretary must be nominated, seconded and voted upon individually. A candidate receiving a majority of the votes shall be elected.

If the President or Secretary is unable to complete his or her term, a permanent replacement shall be elected by the Board to complete the term. If the President or Secretary is absent from a meeting or is temporarily incapacitated, an officer *pro tempore* shall be appointed by the Board. (40 ILCS 5/4-121)

**B. Treasurer**

The City Treasurer shall serve as Treasurer of the Board and the custodian of the Fund, and shall secure and safely keep the Fund's assets, subject to the control and direction of the Board. The Treasurer shall keep books and accounts concerning the Fund in such manner as may be prescribed by the Board. The books and accounts shall be subject to the inspection of the Board or any member thereof.

Within ten (10) days after his or her appointment, the Treasurer shall execute a bond to the City, with good and sufficient securities, in such penal sums as the Board shall direct, or as may be set by statute and/or ordinance, to be approved by the Board, conditioned for the faithful performance of the duties of the office, and for the safekeeping and proper accounting of all monies and property which come to the Treasurer. The bond shall be filed in the office of the City Clerk.

On the expiration of the Treasurer's term, all monies and property of the Fund shall be turned over to his or her successor. (40 ILCS 5/4-121 and 4-130)

#### 1.06 Powers and Duties of the Board

The powers and duties of the Board shall generally include, but are not limited to, the following:

- A. To control and manage the Fund, exclusively, and all money donated, paid, assessed or provided by law for the pensioning of disabled and retired firefighters, their surviving spouses, minor children, and dependent parents.
- B. To assess each firefighter for the contributions required by law, and to have the contributions deducted from salaries, together with all interest accruing thereon, placed by the Treasurer to the credit of the Fund, subject to the order of the Board.
- C. To hear and decide all applications for pensions and other benefits for pensions and other benefits under Article 4 of the Illinois Pension Code and to order and direct the payment of pensions and other benefits.
- D. To invest the money of the Fund in accordance with the Illinois Pension Code.
- E. To accept by gift, grant, transfer or bequest, any money, real estate or personal property, and to place such money and proceeds from the sale of or income from such real estate or personal property into the Fund.
- F. To make all rules and regulations necessary for the discharge of its duties; to keep a record of all its meetings and proceedings; to provide for the payment from the Fund of all necessary expenses of the Board; and to compel witnesses to attend and testify before it upon all matters connected with the administration of Article 4, in the manner provided by law for the taking of testimony before the circuit court. (40 ILCS 5/4-122, 4-123, 4-123.1, 4-124, 4-125, 4-126, 4-127, 4-128, 4-129, and 4-129.1)

#### 1.07 Meetings Generally

##### A. Regular and Special Meetings

Regular meetings of the Board of Trustees shall be held not less than quarterly pursuant to the schedule adopted by the Board at its first meeting of the fiscal or calendar year. The Board shall meet on the second Tuesday of February, May, August, and November. All meetings shall be conducted in accordance with the Open Meetings Act.

Special meetings may be called by the President of the Board or any two (2) members upon at least forty-eight (48) hours notice to all Board members. Such call shall set the time and place of holding the special meeting, and the purpose for which it is called, and the names of the person or persons requesting the special meeting. A special meeting may also be called for a future date at any meeting of the Board by a majority vote of the members attending the meeting.

Notice and the agenda of all regular and special meetings shall be provided pursuant to the Open Meetings Act. At least one copy of the notice and agenda will be continuously available for public review for the entire forty-eight (48) hour period preceding the meeting. This requirement may be met by posting the notice and agenda on a website that is

maintained by the public body. In addition, the agenda for all meetings must be posted at both the principal place of business and at the meeting location; however, notice must only be posted at one location. Lack of continuous availability of a notice or agenda for the full 48-hour period due to actions outside of the control of the Board will not invalidate the meeting or any action taken at the meeting. (5 ILCS 120/1 *et seq.*)

**B. Quorum**

Three (3) members of the Board shall constitute a quorum to do business. No meeting shall be held unless a quorum of the Board is present.

**C. Closed Sessions**

All meetings of the Board shall be open, unless a motion is made, seconded and carried, to go to closed session pursuant to an exception set forth under the Open Meetings Act. The motion to go to closed session shall set forth the specific exception pursuant to which the closed session will be held. In addition to other exceptions set forth in the Open Meetings Act, the Board may hold a closed session where the sale or purchase of securities or investment contracts is to be considered, or to consider evidence or testimony presented in open hearing, provided that the Board prepared and made available for public inspection a written decision setting forth its determinative reasoning. (5 ILCS 120/2 and 2a)

**D. Minutes**

**1. Generally**

The Secretary of the Board shall keep a true and correct copy of all transactions of the Board in regular and special meetings, open or closed, and committee meetings. The minutes shall include the date, time and place of the meeting; the members of the Board as either present or absent; a summary of discussion on all matters proposed, deliberated, or decided; and a record of any votes taken, including the member making the motion, the second and the results of the voting.

The minutes of the proceedings of the Board at regular or special meetings shall be prepared in draft form and copies shall be mailed or delivered to all Board members along with the notice of the meeting. The minutes of the preceding meeting, with any changes made by a motion properly made and carried or as directed by the President without objections, shall be approved by the Board and signed by the Secretary no later than 30 days after that meeting or the Board's second subsequent regular meeting, whichever is later. The official minutes of the Board shall be kept in the Board's files at the fire department and shall be made available to citizens for inspection upon request during regular business hours at the fire department within ten (10) days of approval. (5 ILCS 120/2.06)

**2. Verbatim Record of Closed Meetings**

The Secretary or his or her administrative designee shall audio record all closed meetings. After the closed meeting, the person making the audio recording shall label the recording with the date and store it in a secure location.

After eighteen (18) months have passed since being made, the audio recording of a closed meeting shall be destroyed, provided that the Board has approved its destruction and approved written minutes of the particular closed meeting.

Requests for access to a recording of a closed meeting will be denied unless the Board has found that the recording no longer needs confidential treatment. Individual Board members may listen to verbatim recordings when that action is germane to their responsibilities, e.g., in order to check the accuracy of minutes or to determine whether the recordings no longer require confidential treatment. (5 ILCS 120/2.06(c))

**3. Semi-Annual Review of Minutes**

The Board shall periodically, but no less than semi-annually, meet to review minutes of all closed meetings. At such meetings, a determination shall be made, and reported in open session that the need for confidentiality still exists as to all or part of those minutes or that the minutes or portions thereof no longer require confidential treatment and are available for public inspection. (See **Form 1**). (5 ILCS 120/2, 2.02, 2.03, 2.06, and 2a)

During the Board's semi-annual meetings to review the closed session minutes, the Board will also review the audio recordings of closed meetings in order to determine whether (1) there continues to be a need for confidentiality, or (2) the recordings no longer require confidential treatment and are available for public inspection. At no time will an audio recording be released that would violate state or federal privacy or confidentiality requirements, including, but not limited to, any matter concerning ((1) communications between the Board and an attorney representing the Board; and (2) all information exempted from disclosure under the Illinois Freedom of Information Act (5 ILCS 140/1 et seq.). (5 ILCS 120/2, 2.02, 2.03, 2.06, and 2a)

**E. Open Meeting Act Designee**

The Board shall designate one or more Board members to receive training on compliance with the Illinois Open Meetings Act. The Board shall submit a list of its designated Board members to the Public Access Counselor of the Illinois Attorney General's Office. The designated Board members must successfully complete an electronic training curriculum, developed and administered by the Public Access Counselor, and thereafter must successfully complete an annual training program. Whenever the Board designates an additional Board member to receive this training, that Board member must successfully complete the electronic training curriculum within 30 days after that designation. (5 ILCS 120/1.05)

**F. Open Meeting Act Training**

Each Board member must complete the electronic training curriculum developed and administered by the Public Access Counselor and file a copy of the certificate of completion with the Fund. ~~Board members serving on the Board as of January 1, 2012, must complete this training by December 31, 2012.~~ Any Board member who begins serving on the Board after January 1, 2012 must complete this training within 90 days of election or appointment to the Board. (5 ILCS 120/1.05)

1.08 **Rules of Order**

A. **Rule 1. Agenda**

All regular meeting agendas shall generally be prepared pursuant to the following outline:

**Agenda  
Regular Meeting of the  
Park Ridge Firefighters' Pension Fund  
Board of Trustees  
(date)**

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- I. CALL TO ORDER
- II. ROLL CALL
- III. PUBLIC COMMENT
- IV. APPROVAL OF MINUTES
- V. TREASURER'S/INVESTMENT REPORT
- VI. COMMUNICATIONS AND SPECIAL REPORTS/PRESENTATIONS
- VII. CONSIDERATION OF AND ACTION UPON APPLICANTS FOR ADMISSIONS TO AND/OR WITHDRAW OF MEMBERS FROM FUND
- VIII. UNFINISHED BUSINESS
- IX. NEW BUSINESS
- X. CLOSED SESSION
- XI. TRAINING
- XII. ADJOURNMENT

Prior to each regular meeting, the Secretary shall prepare an agenda. Any Board member may place items on the regular meeting agenda by submitting a written request to the Secretary or his or her designee prior to the posting of the final agenda, which can in no case occur less than 48 hours before the meeting. Agendas and other information for each meeting shall be provided to each Board member prior to or at the beginning of the meeting.

B. **Rule 2. Presiding Officer**

The President of the Board shall serve as presiding officer at all meetings. If the President is absent, the members present at the meeting shall elect a President *pro tempore* who shall act in the President's stead. The President may call on any member to perform the duties of presiding officer during any meeting. A *pro tempore* appointment shall not extend beyond the adjournment of the particular meeting.

The President shall preserve order and decorum, may speak to points of order in preference to other members, vote on all issues before the Board of Trustees, and shall decide all questions of order subject to an appeal of any two-~~(2)~~three (3) members.

C. **Rule 3. Voting**

The ayes and nays shall be taken upon the passage of all resolutions, all propositions to create any liability against the Fund, for the expenditure or appropriation of its money, on the question of granting or denying a disability pension, and in all other cases at the request of any member. All aye/nay votes shall be taken in the following order: the motioner shall vote

first, the second, and the remaining members in alphabetical order. All ayes and nays taken shall be recorded in the meeting's minutes. An affirmative vote of at least three (3) members shall be necessary to the passage of any such proposition unless otherwise provided by law. (5 ILCS 120/1.02)

**D. Rule 4. Questions Before the Board**

Every question before the Board of Trustees shall be distinctly stated by the President before it is open for debate. A motion shall be reduced to writing before a vote if so requested by any member. Members discussing a question shall address the President, and no member shall be deemed to have the floor until recognized by the President. If any question under consideration contains several distinct propositions, the Board may, by a majority of the members present, divide such questions.

**E. Rule 5. Resolutions**

All resolutions, as well as amendments thereto, shall be reduced to writing before action shall be taken on them. The title of resolutions shall be read aloud before a vote is taken, except when any member present requests that it be read in its entirety.

**F. Rule 6. Addressing the Board**

Except during the public comment portion of the regular Board agenda, or as stated in this rule, no person other than the Board's attorney or members of the Fund may address the Board of Trustees.

A portion of every regular Board of Trustees meeting shall be provided for public comment. The person wishing to speak shall raise his or her hand in a signal to the President. The speaker must be designated and authorized to speak by the President. Each speaker shall limit his or her public participation to a period of three (3) minutes or less so that all persons shall have an adequate opportunity to make their statements to the Board.

The purpose of public participation is to allow the public the opportunity to make a statement to the Board of Trustees. The purpose of public participation is not to provoke a debate with the Board. Once an individual has spoken, that individual may not speak on the same issue again. Any limitation regarding addressing the Board may be waived by a majority vote of the Board of Trustees.

**G. Rule 7. Attendance by Other Means**

Board members may attend meetings by video or audio conference subject to the following conditions:

1. A quorum of Board members must be physically present at the meeting location.
2. The Board member requesting to attend by audio or video conference must be unable to physically attend the meeting because of: (a) personal illness or disability; (b) employment purposes or the business of the Board; or (c) a family or other emergency.
3. The Board member requesting to attend by audio or video conference must notify the Secretary before the meeting if practicable.
4. A majority of the Board members must approve the member's request to attend

by audio or video conference.

5. Equipment must be available that will permit the Board member to participate in the meeting so that the Board member can hear and/or see the other Board members and the other Board members can hear and/or see the Board member attending by audio or video conference.

If a member attends a meeting by audio or video conference, the minutes of that meeting shall reflect that the member was present via audio or video conference. Board members attending by audio or video conference shall be permitted to participate in the meeting as if they were physically present to the extent permitted by the equipment used including the right to vote on any matters that come before the Board. (5 ILCS 120/7)

#### H. Rule 8. Temporary Suspension of Rules

These rules may be temporarily suspended by an affirmative vote of three (3) Board members.

#### I. Recording of Open Meetings

Members of the public attending an open meeting of the Board may record the proceedings of the open meeting as long as the method of recording does not interfere with the meeting. The Board reserves the right to deny the ability to record an open meeting if it determines that recording the open meeting will unreasonably interfere with its ability to conduct the meeting. Additionally, the Board reserves the right to deny the ability to record disability hearings conducted in open session, or any testimony provided in open session. The Board's recording secretary shall not record open meetings unless authorized by a majority of the Board. (5 ILCS 120/2.05)

### 1.09 Board Member Ethics

Each Trustee shall agree that as a member of the Board of Trustees, he or she shall do his or her utmost to represent the Fund by adhering to the following commitments:

- A. He or she will represent the Fund members honestly and equally and refuse to surrender his or her responsibilities to special interest or partisan political groups.
- B. He or she will avoid any conflict of interest or any appearance of impropriety which could result from his or her position and shall not use his or her Board membership for personal gain or publicity.
- C. He or she will recognize that a Board member has no legal authority as an individual and that decisions can be made only by a majority vote at a Board of Trustees meeting.
- D. He or she will take no private action that might compromise the Board or administration of the Fund and will respect the confidentiality of privileged information.
- E. He or she will abide by majority decisions of the Board while retaining the right to seek changes through ethical and constructive channels.
- F. He or she will encourage and respect the free expression of opinion of fellow Board members and others who seek to be heard before the Board of Trustees.

- G. He or she shall faithfully and diligently perform the duties of Board of Trustees, including attendance at all Board of Trustees meetings and other functions where Board of Trustees attendance is required.
- H. He or she shall not intentionally solicit or accept any gift from any prohibited source as prescribed in Article 10 of the State Officials and Employees Ethics Act. However, Board members may accept gifts from prohibited sources under the limited exceptions set forth in Section 10-15 of the Act, except for educational missions and travel expenses. If the City adopts or maintains a more restrictive policy on the acceptance of gifts, the Board members shall adhere to the City's policy. (5 ILCS 430/10-10 and 10-15; 40 ILCS 5/1-125)

**1.10 Fiduciary Responsibilities of Board Members**

Board members, as fiduciaries with respect to the Fund, shall discharge their duties with respect to the Fund solely in the interest of the participants and beneficiaries and:

- A. For the exclusive purpose of providing benefits to participants and their beneficiaries and defraying reasonable expenses of administering the retirement system or pension fund;
- B. With the care, skill, prudence and diligence under the circumstances then prevailing that a prudent man acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character with like aims;
- C. By diversifying the investments of the retirement system or pension fund so as to minimize the risk of large losses, unless under the circumstances it is clearly prudent not to do so; and
- D. In accordance with the provisions of the Article of the Pension Code governing the retirement system or pension fund, (40 ILCS 5/1-101.2; 40 ILCS 5/1-109); and
- E. By insuring against loss or liability of employees which may arise as a result of any act or omission occurring within the scope of an employee's pension fund employment. This fiduciary liability insurance shall be carried by a company authorized to provide such coverage in the State of Illinois. (40 ILCS 5/1-108(c))

**1.11 Authority of Members**

The Board may act only in a properly convened meeting, and no member shall have the authority to act for the Board or under the title of his or her Board position unless specifically authorized by statute or by the Board. Any act delegated to a member by the Board must be ratified by the Board.

**1.12 Written Communications**

Written communications to the Board may be submitted to any Trustee of the Board at any time. Such communications shall be brought to the attention of the members of the Board at their next meeting and will be acknowledged in the minutes as having been received. The Secretary may respond to correspondence received prior to the Board's next meeting, as long as the response does not involve a policy change. A copy of all written communications made on behalf of the Board shall be provided to each Trustee.

**1.13 Committees**

The President may appoint ad hoc committees to study and evaluate specific issues and to report their recommendations to the Board. No committee recommendations shall be implemented without approval by the Board.

#### 1.14 Tax Levy and Audit Report

##### A. Determination of Tax Levy

The Board shall report to the City Council of the City of Park Ridge on the condition of the pension fund as requested by the City, or as required by statute, using the Board's Annual Tax Levy Report Form (See Form 2) or a substantially similar form. The Board shall provide this report prior to the City Council meeting held for appropriating and levying taxes for the year in which the report is made. The Board in the report shall certify and provide the following information:

1. The total assets of the Fund and their current market value;
2. The estimated receipts during the next succeeding fiscal year from deductions from the salaries or wages of firefighters, and from all other sources;
3. ~~The total net income estimated received from investment of assets along with the assumed investment return and actual investment return received by the Fund during its most recently completed fiscal year compared to the total net income, assumed investment return, and actual investment return~~ compared to such income received during the preceding fiscal year;
4. The estimated amount necessary during the fiscal year to meet the annual actuarial requirements of the Fund as provided in Sections 4-118 and 4-120 of the Illinois Pension Code;
5. The increase in employer pension contributions that result from the implementation of the provisions of P.A. 93-689 (effective July 1, 2004). (40 ILCS 5/4-118 and 4-120);
6. The total number of active employees who are financially contributing to the Fund;
7. The total amount that was disbursed in benefits during the fiscal year, including the number of and total amount disbursed to (i) annuitants in receipt of a regular retirement pension, (ii) recipients being paid a disability pension, and (iii) survivors and children in receipt of benefits;
8. The funded ratio of the Fund;
9. The unfunded liability carried by the Fund, along with an actuarial explanation of the unfunded liability; and
10. The investment policy of the Board.

##### B. Audit of the Pension Fund

The Board hereby recognizes the City's obligation under the Governmental Account Audit Act to have the assets of the Fund and their current market value,

as well as all financial transactions, verified by an independent certified public accountant each year. The Board shall obtain a copy of the accountant's report as soon as is reasonably possible at the end of each fiscal year, for use in making its report to the City. In the event the City fails to provide an accounting of the Fund in accordance with the Government Account Audit Act, the Board shall make its annual report to the City based upon the best information it has available.

**C. Audit Committee**

The President shall appoint a three-member audit committee to review the audit report, and other financial reports and documents, including management letters, prepared by or on behalf of the Fund. The committee shall report the results of the audit to the Board as soon as reasonably possible at the end of each fiscal year. (40 ILCS 5/4-118 and 4-134; 50 ILCS 310/0.01 *et seq.*)

**1.15 Trustee Training**

**A. Initial Certification Requirement**

All newly-appointed or newly-elected Board members must participate in a mandatory trustee certification training seminar that consists of at least 32 hours of initial trustee certification at a training facility that is accredited and affiliated with a State of Illinois certified college or university (see **Form 3**). For the 32 hours of initial trustee certification training, Board members who are firefighters or who are employed by the City shall be allowed time away from their duties to attend the training required under Section 1-109.3 of the Illinois Pension Code without reduction of accrued leave or benefit time. (40 ILCS 5/1-109.3)This training must include all of the following topics:

1. Duties and liabilities of a fiduciary under Article 1 of the Illinois Pension Code;
2. Adjudication of pension claims;
3. Basic accounting and actuarial training;
4. Trustee ethics;
5. The Illinois Open Meetings Act; and
6. The Illinois Freedom of Information Act.

**B. Annual Training Requirements**

All elected and appointed Board members must annually complete a minimum of 16 hours of educational training after the first year that the trustee is elected or appointed (see **Form 3**). At least eight (8) hours of this annual requirement shall include training on ethics, fiduciary duty, investment issues, and any other curriculum the Board establishes as being important for the administration of the Fund. The Board shall annually certify its

members' compliance and submit an annual certification to the Illinois Department of Insurance.

**C. Eligibility; Replacing Board Members**

Any Board member who does not complete the required training is not eligible to serve on the Board unless he or she completes the missed training within 6 months after the date the member failed to complete the required training.

If a Board member fails to complete the required training, a successor shall be appointed or elected to complete the Board member's unexpired term. (40 ILCS 5/1-109.3; 40 ILCS 5/1-113.8)

**1.16 Board Members Attending Conferences/Continuing Education Classes**

**A. Generally**

All Board members may attend pension-related conferences to fulfill their annual training requirements. Board members do not require pre-approval from the Board unless the conference or continuing education class requires overnight accommodations.

**B. Payment of Expenses**

The Fund shall reimburse Board members for the actual and necessary expenses incurred while attending a conference as determined by the Board in accordance with this policy. No advance payment shall be made except for specific reservations for travel, advance registration, and lodging. The Board's Treasurer shall make advance payments directly to the applicable agency.

Board members must submit to the President an itemized, signed voucher showing the amount of actual expenses, attaching receipts to the voucher if possible. No money shall be advanced or reimbursed for the expenses of any person except the Board member. Expense vouchers shall be evaluated and approved or rejected by the Board in its regular billing process.

**C. Procedure**

1. The Board member shall be responsible to fill out the necessary application forms and forward them to the Secretary of the Board. Once the Secretary has received the forms, the Secretary shall forward the forms to President of the Fund for further processing.
2. The application shall be reviewed by the Board under "New Business" at the next scheduled Board meeting. If the conference is before the next meeting or the registration is due prior to the next meeting, the President shall review and make a determination on the application. The Board's decision shall be ratified at the next Board meeting.
3. Upon the Board's approval in the case of Board member who is an active firefighter, the President shall be responsible for notifying the Fire Chief in writing, indicating the date that a replacement will be needed.

**D. Presentation of Conference Materials**

Any Board member who attends a conference shall present the material that was covered at the conference at the next scheduled Board meeting. This will be added to the "New Business" section of the agenda.

**1.17 Fraudulent Statements or Records**

No person, member, trustee, or employee of the Board shall knowingly make any false statement or falsify or permit to be falsified any Fund record in any attempt to defraud the Fund as a result of such act, or intentionally or knowingly defraud the Fund in any manner. (40 ILCS 5/1-135 and 4-138.5)

Any reasonable suspicion by any member of the Board of a false statement or falsified record being submitted or permitted by a person under the Illinois Pension Code shall be immediately referred to the Board. The Board shall immediately notify the State's Attorney about the alleged fraudulent activity so an investigation may be performed. (40 ILCS 5/1-135)

**1.18 Statement of Economic Interest**

By February 1 of each year, the County Clerk must be notified of the names of all persons affiliated with the Fund who must file a Statement of Economic Interest. By May 1 of each year, each Board member must file a Statement of Economic Interest with the County Clerk as required by Article 4A of the Illinois Governmental Ethics Act (5 ILCS 420/4A-101 *et seq.*), either by mail or online. The Statement of Economic Interest must include all information required by Section 4A-102 and shall be in the form required by Section 4A-103 of the Act (5 ILCS 420/4A-102; 4A-103).

**1.19 Freedom of Information**

It is the policy of the Fund to permit access to and copying of public records in accordance with the Illinois Freedom of Information Act, balanced, however, by the limited exceptions recognized in the Act to safeguard individual privacy and the efficient operation of the Fund. The Fund shall appoint a Freedom of Information Officer, who shall ensure that the Fund complies with the Act through execution this policy. (5 ILCS 140/3.5)

**A. Introduction**

**1. Brief Description of the Fund**

The Park Ridge Firefighters' Pension Fund is an Article 4 pension fund organized pursuant to the Illinois Pension Code (40 ILCS 4-101 *et seq.*) for the benefit of its members and of their surviving spouses, children and certain other dependents. The Fund's administrative office is located at 901 Devon Avenue, Park Ridge, Illinois 60068.

**2. Brief Description of the Method to Request Information**

All public requests for information and/or records will be processed through the administrative offices of the Fund. Requests shall be directed in writing to the Freedom of Information Officer at the address noted above. The first 50 black and white copies are free. Thereafter, each page will be charged \$ .15 per page. Electronic, color or oversized copies will be charged at the actual cost to the Fund of reproduction.

For any additional information, the administrative office's telephone number is (847) 318-5284. (5 ILCS 140/4; 5 ILCS 140/6)

**B. Public Access to Records**

**1. Generally**

The Fund shall make available its public records to any person requesting access pursuant to the provisions of the Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) (the "Act"), as well as other applicable law. The Fund shall not provide access to public records or portions thereof that are exempt from disclosure under the Act or as provided by other applicable law. Denials of requests for records will contain a detailed factual basis for the denial. (5 ILCS 140/3; 5 ILCS 140/7; 5 ILCS 140/7.5; 5 ILCS 140/9)

**2. Nonexempt Materials Contained in Exempt Records**

The Fund shall delete any information which is exempt from disclosure under the Act from a public document which contains nonexempt material, and make the remaining information available for inspection and copying. (5 ILCS 140/7)

**3. Denial of Request for Public Records; Appeal**

Any person denied access to inspect or copy any public record may appeal the denial to the Office of the Public Access Counselor at Illinois Attorney General, 100 West Randolph Street, Chicago, Illinois; telephone (312) 814-3000. (5 ILCS 140/9.5)

**C. General Materials Available**

The following information will be made available to the public:

**1. List of all Types or Categories of Records Under the Fund's Control**

**a. Financial records**

- Financial Statements
- Audits
- Warrant lists
- Investment reports

**b. General Records**

- Board meeting agendas and minutes
- Board resolutions
- Board policies, administrative procedures and forms
- Member names, benefits and dates of employment
- Insurance
- Legal notices
- Consulting contracts

D. **Request Procedures**

1. **Initiation of Request**

Any person wishing to inspect or copy a Fund's public record shall submit a written request to the Freedom of Information Officer. While the use of a specific form is not required, the Fund will provide a form upon request (see **Form 4**). Requests are accepted via personal delivery, mail, facsimile or email. Requests must specify Fund records with reasonable particularity to avoid inefficient use of staff time in retrieving and preparing records for inspection. (5 ILCS 140/4)

2. **Response to Request**

- a. Upon receipt, the Freedom of Information Officer shall:
- i. note the date the Fund received the written request;
  - ii. compute the day on which the period for response will expire and make a notation of that date on the written request;
  - iii. maintain an electronic or paper copy of a written request, including all documents submitted with the request until the request has been complied with or denied; and
  - iv. create a file for the retention of the original request, a copy of the response, a record of written communications with the requester, and a copy of other communications.
- b. The Fund shall either comply with or deny the written request for public records within five (5) working days after its receipt. (see **Forms 5, 6 and 7**). Denial shall be by letter as provided below and contain a detailed factual basis for the denial. Failure to respond to a written request within five (5) working days after its receipt shall be considered a denial of the request. (5 ILCS 140/3)
- c. The Fund's time for response may be extended for not more than five (5) additional working days from the original due date for any of the following reasons (see **Form 8**):
- i. The requested records are stored in whole or in part at other locations than the office having charge of the requested records;
  - ii. The request requires the collection of a substantial number of specified records;
  - iii. The request is couched in categorical terms and requires an extensive search for the records responsive to it;
  - iv. The requested records have not been located in the course of routine search and additional efforts are being made to locate them;

- v. The requested records require examination and evaluation by personnel having the necessary competence and discretion to determine if they are exempt from disclosure under the Act or should be revealed only with appropriate deletions;
  - vi. The request for records cannot be complied with by the Fund within five (5) working days without unduly burdening or interfering with the operations of the public body;
  - vii. There is a need for consultation, which shall be conducted with all practicable speed, with another public body or among two or more components of the Fund having a substantial interest in the determination or in the subject matter of the request. (5 ILCS 140/3)
- d. When additional time is required for any of the reasons listed, the Fund shall notify by letter the person making the written request within five (5) working days of receipt of request (see **Form 8**).
  - e. The response times contained in this Section may be extended with the written agreement of the requestor.
  - f. The Freedom of Information Officer shall:
    - i. maintain an electronic or paper copy of a written request, including all documents submitted with the request until the request has been complied with or denied; and
    - ii. create a file for the retention of the original request, a copy of the response, a record of written communications with the requester, and a copy of other communications.

3. **Procedure for Inspection or Copying**

- a. Inspection of Fund public records not excluded from inspection under the Act shall be permitted on days the Fund's office is open for business.
- b. Inspection must be made at the Fund's office, and records are not to be removed from the Fund's office.
- c. The Freedom of Information Officer or his/her designee shall be present during inspection of Fund records.
- d. Inspection will not be allowed when records are in immediate use by persons exercising official duties which require use of the records.
- e. Copies of requested records will be provided by the Fund within the limitations of Fund's copying equipment.
- f. When requested information is available online, the Freedom of Information Officer shall direct the requestor to the website where the records can be accessed. If the requestor cannot reasonably access the records on the

website where the records are available, the Freedom of Information Officer shall allow the requestor to physically inspect the records or provide copies to the requestor. (5 ILCS 140/8.5)

4. **Fees**

- a. Letter-sized, black and white copies are charged at \$ .15 per page after the first 50 copies. Each color copy will be charged at \$ .25 per page. Persons requesting electronic or oversized copies of Fund public records shall reimburse the Fund for its actual cost for reproducing public records, as determined by the Freedom of Information Officer or his designee. Each record certified shall cost \$1.00.
- b. Documents shall be furnished without charge or at a reduced charge, as determined by the Board of Trustees of the Fund, if the person requesting the documents states the specific purpose for the request and indicates that a "waiver or reduction of the fee is in the public interest" pursuant to Section 6(b) of the Act (5 ILCS 140/6(b)). In setting the amount of the waiver or reduction, the Fund shall take into consideration the amount of materials requested and the cost of copying them.
- c. Records may be produced electronically, if requested. The Fund will email records where practicable. When requests are unable to be sent via email or the requestor does not desire emailed copies, the Fund shall purchase appropriate electronic media and copy the documents to the electronic media. The requestor will pay the actual cost of the media. In no event may the Fund accept electronic media from a requestor. (5 ILCS 140/6)
- d. For a voluminous request (as defined below) for electronic records that are not in a portable document format ("PDF"), the Fund may charge up to \$20 if the file is less than two megabytes; \$40 if the file is between two and four megabytes; and \$100 if the file is larger than four megabytes. If an electronic document is available as a PDF, the Fund may charge up to \$20 if the file is less than eighty megabytes; \$40 if the file is between eighty and 160 megabytes; and \$100 if the file is larger than 160 megabytes. (5 ILCS 140/3.6)

5. **Unduly Burdensome Request Exemption**

- a. Requests calling for all records falling within a category shall be complied with unless compliance with the request would be unduly burdensome for the Fund and there is no way to narrow the request, and the burden on the Fund outweighs the public interest in the information.
- b. Before invoking this exemption, the Fund shall extend to the person making the request an opportunity to confer with it in an attempt to reduce the request to manageable proportions.
- c. The Fund shall invoke this exemption in writing to the person making the request specifying the reasons why it would unduly burden the Fund and the extent to which compliance would so burden the operations of the Fund.

- d. Repeated requests for the same public records by the same person shall be deemed unduly burdensome under this provision. (5 ILCS 140/3)

**6. Commercial Requests**

- a. Prior to responding to a request for records, the Freedom of Information Officer shall determine whether the requested records will be used in any sale, resale, solicitation or advertisements for sales or services. If the Freedom of Information Officer determines that the request is for one of these purposes, it shall be deemed a commercial request and response shall be governed by this section. Requests received from news media, non-profit, scientific or academic organizations shall not be considered commercial requests.
- b. When a request is for a commercial purpose, the Freedom of Information Officer shall respond to the requestor within five (5) business days, informing the requestor that the request is considered commercial.
- c. Within twenty-one (21) business days after the receipt of the commercial purpose request, the Freedom of Information Officer shall respond to the requestor. Such response shall either:
  - i. provide an estimate of the time required to provide the records, including a requirement that the requestor pay for the copies;
  - ii. deny the request pursuant to one or more exemptions found in the Freedom of Information Act;
  - iii. notify the requestor that the request is unduly burdensome and extend an opportunity to the requestor to reduce the request to manageable proportions; or
  - iv. provide the requested records.
- d. When estimating the time required for responding to a commercial records request, the Freedom of Information Officer should consider the size and complexity of the request. Priority shall be given to non-commercial requests. (5 ILCS 140/3.1)

**7. Voluminous Requests**

- a. There are three types of voluminous requests:
  - i. Requests that require the compilation of more than 500 pages, unless the request only targets a single record that happens to be over 500 pages;
  - ii. Requests that contain more than five (5) individual sub-requests for more than five (5) different kinds of records; and

iii. Five (5) separate FOIA requests for five (5) different types of records made in a twenty (20) day period by a single requester.

b. When a request is a voluminous request, the Freedom of Information Officer shall respond to the requestor within five (5) business days informing the requestor that the request is considered voluminous. The requestor shall have ten (10) business days to amend his or her request. If the requestor does not amend his or her request, the Freedom of Information Officer must again respond within five (5) business days. The Freedom of Information Officer shall respond in one of three ways:

i. Estimate the fees to be charged;

ii. deny the request under an applicable FOIA exemption;

iii. notify the requester that his or her request is unduly burdensome; or

iv. provide the records as requested. (5 ILCS 140/3.6)

## **1.20 Identity and Privacy Protection**

### **A. Generally**

It is the policy of the Pension Fund to protect the identity and privacy of all Pension Fund officials, officers, members, agents, and members of the public. The Pension Fund shall comply with the Illinois Identity Protection Act ("IPA", 5 ILCS 179/1 *et seq.*) through implementation of this policy. (5 ILCS 179/35)

Except where required or authorized by law or regulation, the Pension Fund, its Board and its agents shall not collect, use, or disclose a person's Social Security Number ("SSN"). The Pension Fund shall not request SSNs except when it falls under a delineated exception permitted under the IPA. Persons not serving on the Pension Fund shall generally have no access to documents or information containing individuals' SSNs. Any more restrictive law, rule, or regulation regarding the collection, use or disclosure of a SSN shall control over Pension Fund rules set forth here. (5 ILCS 179/55)

### **B. Identity and Privacy Protections**

1. Pursuant to the IPA, the Pension Fund's Freedom of Information Officer(s) or designee shall redact SSNs and private information from documents, including all or any portion of an individual's SSN requested for public inspection and copying of information pursuant to federal or state law, such as the Freedom of Information Act. (5 ILCS 179/15; 5 ILCS 140/2(c-5)). The Pension Fund shall provide a means to ensure that SSNs collected on Pension Fund documents may be readily redacted in the event of a FOIA request.

2. Except where expressly permitted, the following actions are prohibited by the Pension Fund, and its officials, officers, members, agents, and employees. (5 ILCS 179/10)

a. To publicly post or publicly display in any manner an individual's SSN.

- b. To print an individual's SSN on any card required for the individual to access products or services provided by the Pension Fund, unless otherwise required by law. This limitation includes encoding or embedding a SSN in any identification scheme, including, but not limited to, using a bar code, chip, magnetic strip, RFID technology, or other technology, in place of the SSN.
- c. To require an individual to transmit his or her SSN over the internet, unless the connection is secure or the SSN is encrypted.
- d. To print an individual's SSN on any materials that are mailed to the individual through the U.S. Postal Service, any private mail service, electronic mail, or any similar method of delivery, unless state or federal law requires the SSN to be on the document to be mailed.

The limitation of this sub-paragraph shall not apply to applications and forms sent by mail including, but not limited to:

- i. material mailed in connection with the administration of the Unemployment Act;
  - ii. material mailed in connection with any tax administered by the Illinois Department of Revenue; and
  - iii. documents sent as part of an application or enrollment process or to establish, amend, or terminate an account, contract, or policy or to confirm the accuracy of the SSN, as long as the SSN is not printed, in whole or in part, on a postcard or other mailer that does not require an envelope, or that is visible without opening the envelope.
- e. To collect, use or disclose an individual's SSN unless:
    - i. required by federal or state law or regulation;
    - ii. the need and purpose is documented prior to the collection, use or disclosure; and
    - iii. the collection, use or disclosure is relevant to the documented need and purpose.

**C. Exceptions**

1. SSN may be disclosed under the following circumstances:
  - a. Disclosure to another local government when required by law or regulation, and if documented protections are provided.
  - b. Disclosure pursuant to court order, warrant or subpoena.
2. SSN may be collected, used or disclosed under the following circumstances:

- a. When collection, use or disclosure is required to ensure the safety of state and local government employees; persons committed to correctional facilities, local jails, and other law-enforcement facilities or retention centers; wards of the state; and all persons working in or visiting a state or local government agency facility.
- b. When collection, use or disclosure is required for internal verification or administrative purposes.
- c. Collection or use to investigate or prevent fraud, to conduct background checks, to collect a debt, to obtain a credit report from a consumer reporting agency under the federal Fair Credit Reporting Act, to undertake any permissible purpose that is enumerated under the federal Gramm Leach Bliley Act, or to locate a missing person, a lost relative, or a person who is due a benefit, such as a pension benefit or an unclaimed property benefit.

**D. Violations**

Anyone violating this policy may be subject to disciplinary action up to termination and/or criminal prosecution as provided by the IPA and law. (5 ILCS 179/45)

**E. Training**

All employees and officials who have access to SSNs in the course of their position with the Pension Fund shall undergo approved training on the handling and safeguarding the confidentiality of SSNs.

## CHAPTER II - MEMBERSHIP IN FUND

### **2.01 Application for Membership**

#### **A. Generally**

Any person appointed as a firefighter in the Park Ridge Fire Department shall, within three (3) months after receiving his or her first appointment and within three (3) months after any reappointment, make written application to the Board to come under the provisions of Article 4 of the Illinois Pension Code. The eligibility of all applicants shall be determined by the Board in accordance with all applicable law.

#### **B. Procedure for Application**

Application to the Fund shall be made in writing on the Board's standard form (see Form 9) and submitted with a completed background information form (see Form 10). Any person appointed as a firefighter in the Fire Department who has previously served as a firefighter for at least one (1) year in any other Illinois fire department or fire protection district and has been a member in another Article 4 pension fund shall notify the Fund of all such periods on the Board's standard form (see Form 9). Any firefighter hired on or after July 1, 2004, must, within 21 months of being hired, notify the following of his or her intent to combine creditable service from multiple Article 4 pension funds: (1) the Fund; (2) the City; (3) all previous fire departments or fire protection districts at which he or she was employed and was a member of an Article 4 pension fund; and (4) the Illinois Department of Insurance.

As part of the City's examination given after a conditional offer of hire, ~~T~~the applicant shall also undergo a medical examination to whether he or she currently suffers from heart disease, stroke, tuberculosis, or any disease of the lungs or respiratory tract, or cancer. The results of that examination shall be submitted on the Board's standard physician's certification form (see Form 11). The President may accept applications to join the Fund subject to approval by the Board. (40 ILCS 5/4-107)

### **2.02 Determination of Continuing Eligibility for Benefits**

#### **A. Affidavit of Eligibility**

All members drawing benefits from the Fund shall bi-annually complete an Affidavit of Eligibility (see Form 12 and 13) to verify that the member is still living and to ensure that the members and their beneficiaries meet eligibility requirements. The Affidavit shall be mailed to the member or beneficiary with his or her monthly check. The form must be completed, notarized and returned to the Board with thirty (30) days of receipt or benefits may be withheld until the affidavit is received. The Board may initiate an investigation regarding the continued validity of any eligibility for pension benefits by any member or beneficiary.

#### **B. Annual Medical Examination of Members Receiving Disability Pensions**

Medical examination of a member receiving a disability pension shall be made at least once each year prior to attainment of age 50 in order to verify continuance of disability. No examination shall be required after age 50. All members receiving disability benefits under the age of 50 shall sign an authorization for release of medical records to the Board of Trustees (see Form 14).

The physician who examined the member shall complete and forward to the Board a certification of continuance of disability (see Form 15) indicating whether the member continues to suffer from the disability, along with copies of all pertinent medical records with the Board's standard certification form (see Form 16).

**C. Change Rendering Ineligibility**

The Board shall review the completed forms to determine future eligibility. If the Board determines that the individual pensioner's or beneficiary's status has changed to render him or her ineligible to receive benefits, the Board shall notify the pensioner or beneficiary by certified mail of its decision to cease payment of benefits, indicating the reasons for ineligibility. In the case of a member receiving disability benefits, the member shall be entitled to ten (10) days' notice before any meeting or hearing of the Board at which the question of his or her disability is to be considered, and shall have the right to be present and represented by counsel at his or her expense. (40 ILCS 5/4-112)~~If it is determined that a pensioner's or beneficiary's status has changed to render him or her ineligible to receive benefits, the Board shall provide notice to the pensioner or beneficiary of any meeting or hearing of the Board at which the question of his or her eligibility is to be considered. In the case of a member receiving disability benefits, the member shall be entitled to ten (10) days advance notice before any meeting or hearing of the Board at which the question of his or her disability is to be considered, and shall have the right to be present and represented by counsel at his or her expense.~~

**2.03 Change of Records**

All members and beneficiaries shall immediately notify the Board of any changes in address, children or marital status, and any other changes in circumstances that may affect their membership in the Fund or entitlement to benefits. Changes shall be submitted to the Board in writing on the Board's standard change of records form (see Form 17).

**2.04 Refund of Deductions**

**A. Generally**

A firefighter with less than twenty (20) years of service is entitled to a refund of his or her total contributions during such service if:

- A1. He or she resigns or is discharged, or has been involuntarily laid off for other than disciplinary reasons for more than 180 calendar days; and
- B2. He or she has not received any disability pension payments.

The firefighter shall make application for refund on the Board's standard form (see Form 18). (40 ILCS 5/4-116)

**B. Repayment of Refund**

A former firefighter who received a refund of contributions from the Fund may reinstate creditable service that was previously terminated upon receipt of the refund by repaying the refund together with interest thereon at the rate of six percent (6%) per year, compounded annually, from the date of the refund to the date of payment (see Form 18).

**2.05 Maintenance of Pension After Separation From Service**

A firefighter with less than twenty (20) years, but more than ten (10) years, of service who is leaving the City may request that the total deductions made from his or her salary during the employment period to be left in the Fund (see **Form 19**). (40 ILCS 5/4-109)

**2.06 Annual Statement of Contributions**

The Board shall annually provide each member of the Fund with a statement of his or her aggregate contribution to the Fund, which may be accomplished by showing the total deductions on the member's City pay stub.

**2.07 Credit for Military Service**

**A. Generally**

Two types of credit for military service are available: credit for military service performed prior to employment as an active firefighter, and credit for military service performed while serving as an active firefighter.

First, firefighters in service on or after April 10, 2009 may obtain up to two years of creditable service for pension purposes for service in the military, naval, or air forces of the United States that was served prior to employment by a municipality or fire district as a firefighter. (40 ILCS 5/4-108(c)(1.5)). To receive this credit for military service, the firefighter must:

1. apply in writing to the Fund; and
2. make contributions to the Fund equal to:
  - (a) the employee contributions that would have been required had the service been rendered as a member; and
  - (b) an amount determined by the Fund to be equal to the employer's normal cost of the benefits accrued for that military service; and
  - (c) interest at the actuarially assumed rate applicable to the years for which creditable service is sought, provided by the Illinois Department of Insurance, compounded annually from the first date of membership in the Fund to the date of payment on items 1 and 2.

Second, firefighters may obtain up to five years of creditable service for pension purposes for service in the military, naval, or air forces of the United States in the period during which the firefighter was an active firefighter (40 ILCS 5/4-108(c)(1)). To receive credit for this military service, the firefighter must pay into the fund the amount he or she would have contributed if he or she had been a regular contributor during such period, and to the extent that the municipality or fire district in which the firefighter served has not made such contributions in the firefighter's behalf.

**B. Character of Military Service for Credit Eligibility**

A member shall be entitled to credit for military service only if the member's military service entitles him/her to eligibility pursuant to Section 4304 of the Federal Uniform Services Employment and Re-Employment Rights Act (38 U.S.C. Section 4304).

C. **Application for Military Service Credit**

A member seeking to claim credit for military service shall provide written notification to the Board of the intent to do so, and make the corresponding contributions required by law, no later than the time prior to actual receipt of benefits from a permanent pension. The member shall submit to the Board, along with a written request identifying the period for which credit is sought, a copy of the active-participant's Member-4 copy of the Department of Defense form 214 (Certificate of Release of Discharge from Active Duty) for the relevant period for which creditable service for pension purposes has been requested. (Form 20)

D. **Mandatory Contribution for Military Service**

To receive credit for military service, the member must pay into the Fund the contributions noted above. This repayment may be made in equal installments over a period of the military service for which credit is sought, but not more than five (5) years, and must be paid in full prior to retirement. The actuarially assumed rate of interest during an installment repayment shall be determined based on the applicable Illinois Department of Insurance interest rate for the years in which repayment remains ongoing. This interest shall continue to apply to any unpaid balance during the payment period. Credit for military service cannot be awarded if the member does not make this mandatory contribution. The Board shall notify the member of the amount due after consulting with the Illinois Department of Insurance to determine the amount due for the periods for which the member is seeking credit.

**2.08 Non-Disclosure of Medical Records**

Medical records in the Board's possession shall not be released to anyone other than the member concerned. In the event that a member applies for a disability pension, the member's medical records will become part of the record for the member's disability hearing, and may be provided to Board members, evaluating physicians, witnesses, the member's attorney, any intervening party's attorney, and the Board's attorney for that purpose. Notwithstanding the foregoing, if any federal or state law mandates disclosure of a member's medical records, the Board will comply with the requirements of the law.

## **CHAPTER III - APPLICATION FOR BENEFITS AND HEARING PROCEDURES**

### **3.01 Application for Benefits**

#### **A. Disability Pension**

An application for a disability pension may be filed with the Board by or on behalf of any member who is qualified or who has allegedly become physically or mentally permanently disabled for service in the Park Ridge Fire Department. Application for a disability pension shall be made on the Board's standard application for disability benefits (see **Form 21**). Applications must be signed by the member, or in the event that he or she is unable to sign the application, by an appropriate representative as determined by the Board. An application for disability pension shall be submitted as soon as the applicant is aware of the need.

Applications for disability benefits shall include a clear and concise statement of the nature of the disability, including the relevant section under which the disability pension is sought, a description of the sickness, accident or injury giving rise to the disability, and the times and places of occurrence of each accident or injury involved. (40 ILCS 5/4-110, 4-110.1, 4-111, and 4-114)

#### **B. Retirement Pension**

Application for a retirement pension shall be made on the Board's standard application for retirement benefits (see **Form 21**). An application for a retirement pension shall be filed at least ninety (90) days before the requested effective date of the pension.

#### **C. Widow/Widower and/or Dependent Benefits**

Application for widow/widower and/or dependent benefits shall be made on the Board's standard form for such benefits (see **Form 23**).

#### **D. Adult Disabled Child Benefits**

Adult disabled children may be eligible for survivor benefits upon the death of a retiree or widow/widower. Application for adult disabled child benefits shall be made on the Board's standard form for such benefits (see **Form 23**). To be eligible for survivor benefits from the Fund, an adult disabled child must establish the following:

##### **1. Dependency**

The child must be dependent upon the retiree or widow/widower at the time of death for at least one-half of the child's support.

##### **2. Disability**

The child must be dependent because of a physical or mental disability which may be evidenced by a court order under the Probate Act (755 ILCS 5/11a-1 *et seq.*). The Fund may also accept a finding of disability by the Social Security Administration. (40 ILCS 5/4-114)

### 3.02 Processing and Investigation of Applications for Benefits

Upon receipt of an application for benefits, the Secretary shall distribute a copy to each member of the Board and forward a copy to the Board's attorney. At the next regular meeting of the Board or any special meeting called for such purpose, the Board shall take official notice of the receipt of the application. The Board shall request any information pertaining to the application as it may deem necessary and may designate an appropriate non-Board person or persons to investigate the application.

An application for an on-duty disability pension will be automatically considered also as an application for a non-duty disability pension unless the applicant specifically requests otherwise. If the application is for a disability pension, the Board shall designate three (3) physicians who shall thoroughly examine the applicant and who shall transmit written certified reports of their medical examinations and copies of all medical records to the Board with the Board's standard certification form (see Form 16). The physicians shall submit their conclusions regarding the applicant's condition on the Board's standard physician's certification of disability (see Form 24 and Form 25). In the event that any designated physician is, for any reason, unable to make such an examination, the Board shall designate another physician to do so. The Board may designate one or more of its members or the Board's attorney to select the physicians. (40 ILCS 5/4-112)

### 3.03 Hearings

#### A. Generally

The Board shall cause the applicant to receive at least ten (10) days notice by certified mail or personal service of the time and date of any preliminary hearing or hearings at which the question of the applicant's application is to be considered. An applicant shall have the right to be present at any such preliminary hearing or hearings; the right to be represented by counsel; the right to present witnesses, evidence or information relevant to the issues involved; and the right to cross examine all witnesses who testify at the hearing. However, the Board shall not have any obligation to provide the applicant with counsel. Continuances may be requested by the applicant or a board member from time to time upon motion to the Board. The granting of or refusal to grant a continuance of a hearing is within the discretion of the Board.

The technical rules of evidence shall not apply to hearings conducted hereunder. At the discretion of the Board, interested parties other than the applicant may petition to intervene in the matter, and if allowed to intervene, shall have the right to present evidence or information relevant to the issues involved, and the right to cross-examine all witnesses who testify at the hearing. However, the Board shall not have any obligation to provide the any intervenor with counsel. The applicant and any intervenor who seek to provide information in support of or object to the pension application shall direct such information either orally at the hearing or in writing to the Board.

The Board shall inquire into all matters at issue, and no disability pension shall be given unless the Board establishes and determines that a disability exists based upon the examinations of the three (3) physicians and such other evidence as the Board may deem necessary. All hearings shall be held subject to the Open Meetings Act. (5 ILCS 120/1 et seq.; 40 ILCS 5/4-112)

**B. Hearing Agenda**

The following agenda essentially shall be used for all hearings:

**Agenda  
Hearing on Request for Benefits  
Park Ridge Firefighters' Pension Fund  
Board of Trustees  
(date)**

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- I. Call to Order
- II. Roll Call
- III. Presentation of Documents
  - A. Application to Pension Fund
  - B. Application for Benefits
  - C. Physicians' Certificates and Medical Records
  - D. Other Relevant Documents
- IV. Presentation by Applicant
- V. Presentation by Intervenor
- VI. Possible Closed Session
- VI. Discussion and Possible Action
- VII. Adjournment

**C. Decision on Application**

The Board shall cause to be prepared a written finding of fact, conclusions of law and a written order after the conclusion of the hearing. The Board shall send the applicant a copy of this finding, along with its written decision on the application, by certified mail or personal service. (5 ILCS 120/2(c)(4); 735 ILCS 5/3-103)

**D. Effective Date of Pension**

If the applicant is granted a disability pension by the Board, the pension shall be retroactive to the date the application was filed with the Board or the day following the end of the applicant's city benefits (including salary and any applicable fringe benefits), whichever is later.

**3.04 Qualified Illinois Domestic Relations Orders (QILDRO)**

**A. Generally**

**1. Compliance with QILDROs**

The Park Ridge Firefighters' Pension Fund shall comply with any Qualified Illinois Domestic Relations Order (QILDRO) properly issued by an Illinois court pursuant to Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119). The Fund shall promptly notify the firefighter and the "alternate payee" (as defined in 40 ILCS 5/1-119(a)(1)) by first class mail of the receipt of the order. (40 ILCS 5/1-119(d)(1))

The Board has made available a QILDRO information form (**Form 26**) for use by Fund members and attorneys inquiring about QILDROs. Fund members and

attorney seeking information from the Fund about QILDROs will be referred to the information form.

**2. Responding to subpoenas**

Within forty-five (45) days after receiving a subpoena from any party to a proceeding for declaration of invalidity of marriage, legal separation, or dissolution of marriage in which a QILDRO may be issued, or after receiving a request from the firefighter, the Fund shall issue a statement of a firefighter's accumulated contributions, accrued benefits, and other interests in the Fund based on the data on file with the Fund on the date the subpoena is received, and of any relevant procedures, rules, or modifications to the model QILDRO form that have been adopted by the Fund.

In no event shall the Fund be required to furnish to any person an actuarial opinion as to the present value of the firefighter's benefits or other interests. The papers, entries, and records, or parts thereof, of the Fund may be proved by a copy thereof, certified under the signature of the Secretary of the Fund or other duly appointed keeper of the records of the Fund and the corporate seal, if any. (40 ILCS 5/1-119(h)(1), (2) and (3))

**3. Valid QILDROs**

For a court order to be a valid QILDRO (see **Form 27**) (40 ILCS 5/1-119(n)), it must satisfy all of the following criteria:

- a. The order must be accompanied by a \$50.00 processing fee, payable to the Park Ridge Firefighters' Pension Fund. (40 ILCS 5/1-119(d)(3))
- b. If the order applies to a firefighter who became a member of the Park Ridge Firefighters' Pension Fund before July 1, 1999, an original "Consent of Issuance of QILDRO" must accompany it, signed by the firefighter (see **Form 28**). (40 ILCS 5/1-119(m)(1))
- c. The order must be a certified copy of the original. (40 ILCS 5/1-119(d)(1))
- d. The order must have been issued by an Illinois court of competent jurisdiction in a proceeding for declaration of invalidity of marriage, legal separation, or dissolution of marriage that provides for support or the distribution of property, or any proceeding to amend or enforce such support or property distribution. (40 ILCS 5/1-119(b)(1))
- e. The order must contain the name, mailing address, and last four digits of the Social Security number of the firefighter. (40 ILCS 5/1-119(c)(1))
- f. The order must contain the name, residence address, and last four digits of the Social Security number of the alternate payee. (40 ILCS 5/1-119(c)(1))
- g. The order must identify the Park Ridge Firefighters' Pension Fund as the retirement system to which it is directed. (40 ILCS 5/1-119(c)(1))
- h. The order must identify the court that issued it. (40 ILCS 5/1-119(c)(1))
- i. The order must specify either the dollar amount or percentage of the benefit and/or refund payable to the alternate payee. (40 ILCS 5/1-119(c)(2))
- j. If the QILDRO indicates that the alternate payee is to receive a percentage of any Fund benefit, the calculations required shall be provided to the Fund via a QILDRO Calculation Court Order issued by an Illinois court of competent jurisdiction in a proceeding for declaration of

invalidity of marriage, legal separation, or dissolution of marriage. (see **Form 29**). (40 ILCS 5/1-119(c)(5))

- k. The order must apply only to benefits that are statutorily subject to QILDROs. (40 ILCS 5/1-119(c)(2))
- l. The order must be in the form adopted by the Park Ridge Firefighters' Pension Fund (see **Form 27**). Any alterations to the form will invalidate the order. (40 ILCS 5/1-119(p)(2))
- m. The effective date of the order must be on or after July 1, 1999. (40 ILCS 5/1-119(l)(2))

**B. Deficiencies in order; cure period**

Certain minor deficiencies in the court order may be corrected during the sixty (60) day period following the date the Park Ridge Firefighters' Pension Fund sends notice of the deficiency or deficiencies. This sixty (60) day period is called the "cure period."

**1. Deficiencies that may be "cured"**

Only the following deficiencies may be corrected during the cure period:

- a. The order is not accompanied by a \$50.00 processing fee payable to the Park Ridge Firefighters' Pension Fund, or the check does not clear.
- b. The order is not a certified copy of the original.
- c. The order omits the mailing address or Social Security number of the firefighter or alternate payee.
- d. The order contains an inaccurate Social Security number of the firefighter or alternate payee.
- e. The order contains a misspelled name of the firefighter or alternate payee.
- f. Any other deficiency deemed by the Park Ridge Firefighters' Pension Fund to be of a minor nature.
- g. The order applies to a firefighter who became a Park Ridge Firefighters' Pension Fund member before July 1, 1999, and is not accompanied by an original valid "Consent to Issuance of QILDRO" signed by the firefighter (see **Form 28**).
- h. The order specifies a percentage of the benefit and/or refund payable to the alternate payee and is not accompanied by a valid QILDRO Calculation Court Order (see **Form 29**).

**2. Holding of benefits during cure period**

If the firefighter is receiving monthly benefits or has a refund application pending when the court order is received, the Park Ridge Firefighters' Pension Fund will hold the portion of the benefit payable to the alternate payee during the cure period until:

- a. The order is resubmitted during the cure period and the Fund determines that all deficiencies have been corrected; or
- b. The cure period expires.

If the order is rejected, any amounts held during the cure period will be paid to the firefighter.

**3. Deficiencies that cannot be “cured”**

All other deficiencies will invalidate the order and cannot be cured during the cure period. An order that has one or more of the following deficiencies is invalid:

- a. The order is not issued by an Illinois court of competent jurisdiction.
- b. The order identifies a different retirement system.
- c. The order does not identify the court that issued it.
- d. The order does not specify the dollar amount or percentage of each benefit to be paid to the alternate payee.
- e. The order applies to a benefit that is not statutorily subject to QILDROs.
- f. The order is not in the form adopted by the Park Ridge Firefighters' Pension Fund.
- g. The effective date of the order is prior to July 1, 1999.

**C. QILDRO Calculation Court Orders**

If any QILDRO specifies a percentage of the benefit and/or refund payable to the alternate payee, a QILDRO Calculation Court Order issued by an Illinois Court of competent jurisdiction must also be provided to the Park Ridge Firefighters' Pension Fund. The calculations required shall be performed by the firefighter, the alternate payee, their designated representatives or their designated experts. The Park Ridge Firefighters' Pension Fund shall have no duty or obligation to assist in such calculations on in completion of the QILDRO Calculation Court Order, other than to provide the following information to the firefighter and to the alternate payee, or to one designated representative of each:

1. If the Park Ridge Firefighters' Pension Fund receives the QILDRO before the firefighter's effective date of retirement, then, within 45 days after the Fund receives the QILDRO, the Fund shall provide all of the following information:
  - a. The date of the firefighter's initial membership in the Park Ridge Firefighters' Pension Fund, expressed as month, day, and year, if available, or the most exact date that is available to the Fund.
  - b. The amount of permissive and regular service the member accumulated in the Fund from the time of initial membership through the most recent date available prior to the Fund receiving the QILDRO (the dates used by the Fund shall also be provided). Service amounts shall be expressed using the most exact time increments available to the Fund (e.g. months or fractions of years).
  - c. The gross amount of the firefighter's non-reduced monthly annuity benefit earned, calculated as of the most recent date available prior to the Fund receiving the QILDRO, the date used by the Fund, and the earliest date the firefighter may be eligible to commence the benefit. This amount shall include any permissive service and upgrades purchased by the member, and those amounts shall be noted separately.
  - d. The gross amount of the firefighter's refund or partial refund, including any interest payable on those amounts, calculated as of the most recent date available prior to the Fund receiving the QILDRO (the date used by the Fund shall also be provided).

- e. The gross amount of the death benefits that would be payable to the member's death benefit beneficiaries or estate, assuming the member dies on the date or a date as close as possible to the date the QILDRO was received by the Fund, including any interest payable on the amounts, calculated as of the most recent date available prior to the Fund receiving the QILDRO (the date used by the Fund shall also be provided).
  - f. Whether the firefighter has notified the Fund of the date the firefighter intends to retire, and if so, that date.
  - g. If the firefighter has provided a date that he or she intends to retire, the date, if available, that the Fund reasonably believes will be the firefighter's effective date of retirement.
2. If the Park Ridge Firefighters' Pension Fund receives the QILDRO after the effective date of retirement, then, within 45 days after the Fund receives the QILDRO, or if the Fund receives the QILDRO before the firefighter's already scheduled effective date of retirement, then as soon as administratively possible before or after the firefighter's effective date of retirement (but not later than 45 days after the firefighter's effective date of retirement), the Fund shall provide all of the following information:
- a. The firefighter's effective date of retirement.
  - b. The date the firefighter commenced benefits or, if not yet commenced, the date the Fund has scheduled the firefighter's benefits to commence.
  - c. The amount of permissive and regular service the firefighter accumulated in the Fund from the time of initial membership through the member's effective date of retirement. Service amounts shall be expressed using the most exact time increments available to the Fund (e.g., months or fractions of years).
  - d. The gross amount of the firefighter's monthly retirement benefit, calculated as of the firefighter's effective date of retirement. This amount shall include any permissive service and upgrades purchased by the firefighter, and those amounts shall be noted separately.
  - e. The gross amount of the firefighter's refund or partial refund, including any interest payable on those amounts, calculated as of the firefighter's effective date of retirement.
  - f. The gross amount of death benefits that would be payable to the firefighter's death benefit beneficiaries or estate, assuming the firefighter dies on the firefighter's effective date of retirement, including any interest payable on those amounts.
3. If, and only if, the alternate payee is entitled to benefits under Section VII of the QILDRO (See Form 27), then, within 45 days after the Fund receives notice of the firefighter's death, the Fund shall provide the gross amount of death benefits payable, including any interest payable on those amounts, calculated as of the firefighter's date of death.

In no event shall the Park Ridge Firefighters' Pension Fund be required to furnish to any person an actuarial opinion as to the present value of the firefighter's benefits or other interests.

**D. Processing a valid QILDRO**

The Board shall review each QILDRO it receives to ensure compliance with the Illinois Pension Code and its Rules (see **Form 30**). Once the Board has determined that a QILDRO is valid, one of the two following scenarios will occur:

1. If the firefighter has not yet started receiving benefits, the QILDRO will be placed in the firefighter's pension file and will be implemented when the first affected benefit payment begins unless some later date is specified in the QILDRO.
2. If the firefighter is already receiving benefits, payment to the alternate payee will begin with the first payment occurring at least thirty (30) days after the QILDRO was received by the Park Ridge Firefighters' Pension Fund.

**E. Current address of alternate payee**

Each alternate payee is responsible for keeping the Park Ridge Firefighters' Pension Fund informed of his or her current address. The Fund must have the alternate payee's current address in order for him or her to receive payment. The law does not require the Fund to search for a missing alternate payee, other than sending notice to the last known address. (40 ILCS 5/1-119(e)(1))

When a firefighter becomes eligible to receive a retirement benefit or refund, the Fund will send notice to the alternate payee's last known address. If the notice is returned undelivered, the Fund will hold the amount payable to the alternate payee for 180 days from the date that the notice is returned or the date the benefit becomes payable, whichever is later. The amount held will not bear interest. If the Fund is notified of the alternate payee's current address within 180 days, the Fund will pay that amount held to the alternate payee. (40 ILCS 5/1-119(e)(2))

If the Fund does not learn of the alternate payee's current address within 180 days, the Fund will pay that amount to the firefighter. If the fund later becomes aware of the alternate payee's current address, the fund will implement the QILDRO, but the alternate payee will have no right to any amounts already paid to the firefighter. (40 ILCS 5/1-119(e)(2))

**F. Rights of the alternate payee**

An alternate payee's rights are no greater than the firefighter's rights. An alternate payee is only eligible to receive payment if and when the firefighter becomes eligible to receive the benefit or refund. A QILDRO cannot order payment to an alternate payee that will not otherwise have been payable to the firefighter.

Any required application for benefits may be made by an alternate payee who is entitled to all of a termination refund or retirement benefit or part of a death benefit that is payable under a QILDRO, provided that all other qualifications and requirements have been met. However, the alternate payee may not make the required application for death benefits while the firefighter is alive or for a firefighter's refund or a retirement benefit if the firefighter is in active service or below the minimum age for receiving an undiscounted retirement annuity in the Fund that has received the QILDRO or in an other retirement system in which the firefighter has regular or permissive service and in which the firefighter's rights under the Retirement Systems Reciprocal Act (40 ILCS 5/20-101 *et seq.*) would be affected as a result of the alternate payee's application for a firefighter's refund or retirement benefit. (40 ILCS 5/1-119(i))

**G. "Amount payable" exceeding benefits; multiple QILDROs**

If the amount payable to an alternate payee exceeds the actual amount of the benefit payable to the firefighter, the excess shall be disregarded. If there are multiple QILDROs against a firefighter, the Fund will honor all of them to the extent possible. If the total amount payable to all alternate payees exceeds the actual amount of the benefit, the QILDROs will be satisfied in the order that the Fund received them. Amounts payable to multiple alternate payees will not be adjusted *pro rata*. Amounts that cannot be paid because the benefit is not large enough to cover all amounts payable shall be disregarded. The Park Ridge Firefighters' Pension Fund is not responsible to an alternate payee or any other person for amounts that remain unpaid because the benefit is not large enough. (40 ILCS 5/1-119(f)(1) and (2))

If a benefit subject to a QILDRO subsequently becomes subject to a tax lien or withholding order, the amount due will be deducted from the portion of the benefit payable to the person who is subject to the tax lien or withholding order. The remainder of the benefit will be payable to the recipient who is not affected by the tax lien or withholding order. The Park Ridge Firefighters' Pension Fund is not required to make up any amounts not paid due to recoupment of an overpayment, tax lien, or withholding order.

**H. Increases in benefits**

The QILDRO form approved by the Park Ridge Firefighters' Pension Fund includes a place to indicate whether the alternate payee is to receive a portion of any automatic annual increase in the firefighter's retirement benefit. If the "WILL NOT" box is checked, then the amount of the firefighter's retirement benefit that the alternate payee is receiving will remain constant, unless a modified QILDRO is received.

If the "WILL" box is checked, then the alternate payee will receive a portion of any increase in the firefighter's retirement benefit. Thus, for example, if the "WILL" box is checked, and the firefighter's total retirement benefit increases 3%, the portion going to the alternate payee will increase by 3%.

**I. Modified QILDROs**

A modified QILDRO must be sent to the Park Ridge Firefighters' Pension Fund in the same manner as a new one. A separate \$50.00 processing fee payable to the Park Ridge Firefighters' Pension Fund must be paid each time a modified QILDRO is submitted.

A modified QILDRO will hold the same priority of payment that the original one held, as long as the modified QILDRO does not increase the amount of any benefit payable to the alternate payee as that amount was designated in the QILDRO or affect a different benefit.

If a modified QILDRO increases the amount or affects different benefits, it will lose the priority held by the original QILDRO. Priority of payment will then be based on the date the Park Ridge Firefighters' Pension Fund received the modified QILDRO. If the benefit is subject to multiple QILDROs, losing the original QILDRO's priority could actually result in a reduced payment to the alternate payee. If the benefit is not large enough to pay the total due under all QILDROs, only the amount remaining after all other QILDROs have been paid will be available. (40 ILCS 5/1-119(f)(3))

**J. Election of benefit payment; Recoupment of overpayments**

As long as there is in effect a QILDRO relating to a firefighter's retirement benefit, the firefighter may not elect a form of payment that has the effect of diminishing the amount of the payment to which any alternate payee is entitled, unless the alternate payee has consented to the election in a writing that includes the alternate payee's notarized signature, and this written and notarized consent has been filed with the Fund. If the firefighter attempts to make such an election, the Fund shall reject the election and advise the firefighter of the need to obtain the alternate payee's consent. (40 ILCS 5/1-119(j)(1) and (2))

If the Fund discovers that it has mistakenly allowed such election, it shall thereupon disallow that election and recalculate any benefits affected thereby. If the Fund determines that an amount paid to a regular payee should have been paid to an alternate payee, the Fund shall, if possible, recoup the amounts by deducting the overpayment from future payments and making payment to the alternate payee. (40 ILCS 5/1-119(j)(3) and (k))

The Fund may make deductions for recoupment over a period of time in the same manner as is provided by law or rule for the recoupment of other amounts incorrectly disbursed by the Fund in instances not involving a QILDRO. The Fund shall incur no liability to either the alternate payee or the regular payee as a result of any payment made in good faith, regardless of whether the Fund is able to accomplish recoupment. (40 ILCS 5/1-119(k))

**K. Expiration of a QILDRO**

A QILDRO expires upon the death of the alternate payee. The right to receive the affected benefit will then revert to the firefighter. A QILDRO will also expire upon the death of the firefighter or when the firefighter takes a refund that terminates his or her participation in the Park Ridge Firefighters' Pension Fund. This is true even if the firefighter's refund is paid to an alternate payee. (40 ILCS 5/1-119(g)(1) and (2))

**3.05 Termination of Pension Benefits - Application of Pensioner**

**A. Generally**

A pensioner receiving a disability pension may file an application with the Board to terminate the pension benefits in order to seek reinstatement to active service (see **Form 31**). Upon satisfactory proof to the Board that a firefighter on the disability pension has recovered from disability, the Board shall terminate the disability pension. The Board shall conduct a hearing on the termination application in generally the same manner as hearings for disability pension applications. The pensioner shall be responsible for all medical and physician costs in excess of those associated with an independent medical evaluation regarding the pensioner's original disability. (40 ILCS 5/4-112)

**B. Establishment of Creditable Service After Return to Active Duty**

A firefighter may establish creditable service for a period up to three (3) years of time during which the firefighter received a disability pension (see **Form 32**). In order to establish such creditable service, the firefighter must have returned to active service after the disability for which credit is to be established. The firefighter shall make contributions with interest to the Fund based upon the salary upon which the disability pension was based prior to

commencement of a retirement pension in accordance with Section 4-108(c)(7) of the Illinois Pension Code. (40 ILCS 5/4-108(c)(7))

**3.06 Conversion of Disability Pension to Retirement Pension**

**A. Less than twenty (20) years of creditable service**

A pensioner receiving a disability pension who is 50 years old or older and who has not completed 20 years of creditable service whose disability continues for a period which when added to his or her period of active service equals 20 years may elect to retire by submitting a written application to the Board (see **Form 33**). (40 ILCS 5/4-113(a))

**B. Twenty (20) or more years of creditable service**

A pensioner receiving a disability pension who is 50 years old or older and who has sufficient creditable service to qualify for a retirement pension may elect to retire at any time by submitting a written application to the Board (see **Form 33**). (40 ILCS 5/4-113(b))

**3.07 Benefits for Firefighters with Creditable Service in Multiple Article 4 Pension Funds**

**A. Retirement Pension**

**1. Qualifications**

A firefighter who seeks retirement benefits from multiple Article 4 pension funds must:

- a. Be a firefighter at the time of withdrawal from the last pension fund and for at least the final three (3) years of employment prior to that withdrawal;
- b. Establish service credit with at least two (2) Article 4 pension funds under the Illinois Pension Code (40 ILCS 5/4-101 *et seq.*);
- c. Have a total of at least twenty (20) years of service under the various Article 4 firefighter pension funds;
- d. Be at least 50 years of age; and
- e. Be an active firefighter after July 1, 2004. (40 ILCS 5/4-109.3(b))

**2. Retirement Benefits**

A current City of Park Ridge firefighter who is eligible for retirement benefits from the Park Ridge Firefighters' Pension Fund and at least one other Article 4 pension fund may elect to receive a retirement pension from the Fund and any other Article 4 pension fund in which he or she has at least one (1) year of service credit but has not received a refund under Section 4-116 of the Illinois Pension Code (40 ILCS 5/4-116) or has repaid any such refund in accordance with Section 4-109.3(g) of the Illinois Pension Code (40 ILCS 5/4-109.3(g)). (See **Forms 34 and 35.**)

In such cases, the Fund shall calculate the retirement pension that would be payable to the firefighter as if he or she had participated in the Fund during his or her entire period of service under all Article 4 pension funds (the "hypothetical pension").

Any period of service for which the firefighter has received a refund under Section 4-116 of the Illinois Pension Code (40 ILCS 5/4-116) shall be excluded from this calculation unless the firefighter repays that refund to the applicable pension fund as required in Section 4-109.3(g) of the Illinois Pension Code (40 ILCS 5/4-109.3(g)). Proof of such creditable service and any refunds to other Article 4 pension funds must be provided to the Fund by the firefighter and confirmed by the applicable pension fund (see Forms 34, 35 and 36).

The Fund shall subtract the original amounts of the retirement pensions payable to the firefighter by all other pension funds as provided in Section 4-109.3(d) of the Illinois Pension Code (40 ILCS 5/4-109.3(d)) from the firefighter's hypothetical pension, and the remainder shall be the retirement pension payable to the firefighter by the Fund. (40 ILCS 5/4-109.3)

**3. Former City of Park Ridge Firefighters seeking Retirement Benefits**

A former City of Park Ridge firefighter who is eligible for retirement benefits from another Article 4 pension fund may elect to also receive a pension from the Fund and any other Article 4 pension fund in which he or she has at least one (1) year of creditable service but has not received a refund under Section 4-116 of the Illinois Pension Code (40 ILCS 5/4-116) (see Form 37).

If the former firefighter had received a refund from the Fund, he or she may reinstate creditable service in the Fund by payment to the Fund of the amount of the refund together with interest thereon at the rate of 6% per year, compounded annually, from the date of the refund to the date of payment. This repayment may be made in equal installments over a period of up to ten (10) years but must be paid in full prior to retirement.

Upon retirement, the former firefighter shall receive a monthly retirement pension from the Fund as provided in Section 4-104.3(d) of the Illinois Pension Code. (40 ILCS 5/4-109.3(d))

**B. Duty-Related Disability Pension**

If a firefighter who is a participant in the Fund and who has creditable service in other Article 4 pension funds becomes entitled to a disability pension under Section 4-110 of the Illinois Pension Code (40 ILCS 5/4-110), the Fund shall pay the disability pension based only on the firefighter's service with the Fund. (40 ILCS 5/4-109.3(l))

**C. Occupational Disease Disability Pension**

If a firefighter who is a participant in the Fund and who has creditable service in other Article 4 pension funds becomes entitled to an occupational disease pension under Section 4-110.1 (40 ILCS 5/4-110.1), the Fund shall only pay a portion of that occupational disease disability pension equal to the proportion that the firefighter's service credit with the Fund bears to the firefighter's total service credit with all of the Article 4 pension funds to which he or she has made contributions.

A firefighter who has contributed to Article 4 pension funds for at least five (5) years of creditable service shall be deemed to have met the five (5) year creditable service requirement under Section 4-110.1 regardless of whether the firefighter has five (5) years of creditable service with the Fund.

**D. Non-Duty Disability Pension**

If a firefighter who is a participant in the Fund and who has creditable service in other Article 4 pension funds becomes entitled to a non-duty disability pension under Section 4-111 of the Illinois Pension Code (40 ILCS 5/4-111), the Fund shall pay the entire disability pension, provided that the firefighter has at least seven (7) years of creditable service with the Fund. (40 ILCS 5/4-109.3(n))

**3.08 Intervention**

The City may seek permission to intervene in a pending hearing. Intervention may be granted in the sole discretion of the Board. If granted, the City shall be considered a party to the case, and depending on the circumstances, the hearing may be treated as an adversarial one with the City and applicant acting as opposing parties. Any petition to intervene must be received by the Board no later than sixty (60) days from the date of the Board's receipt of the application.

**3.09 Correcting Benefit Mistakes**

If the Fund commits a mistake by setting any benefit at an incorrect amount, it shall adjust the benefit to the correct level as soon as may be practical. (40 ILCS 5/4-138.10)

**A. Mistake**

A mistake includes clerical or administrative errors executed by the Fund or the participant. However, a "mistake" does not include the reasonable calculation of the benefit or aspects of the benefit based on salary, service credit, calculation or determination of a disability, date of retirement, or other factors significant to the calculation of the benefit that were reasonably understood or agreed to by the Fund at the time of retirement. (40 ILCS 5/4-138.10(a))

**B. Underpayment**

If a pension benefit is mistakenly set too low, the Fund shall make a lump sum payment to the recipient in an amount equal to the difference between the benefits that should have been paid and the benefits that actually were paid, plus interest. The interest rate shall be the rate prescribed by the Public Pension Division of the DOI from the date that the unpaid amounts accrued to the date of payment. (40 ILCS 5/4-138.10(b))

**C. Overpayment**

If a pension benefit is mistakenly set too high, the Fund may recover the amount overpaid. The Fund may do so either by directly seeking a lump sum repayment or it may deduct such amount from the participants remaining benefits as is indicated by the recipient. If the overpayment is recovered by deductions from the remaining benefits payable to the recipient, the monthly deduction shall not exceed 10% of the corrected monthly benefit, unless otherwise indicated by the recipient.

If, however, the mistaken overpayment was undiscovered for 3 years or longer and was not the result of fraud committed by the affected participant or beneficiary, then the mistake shall be adjusted to the correct benefit level but the Fund shall not seek repayment of excess benefits received. (40 ILCS 5/4-138.10(c))

**D. Procedure**

The Board may hold a meeting to receive evidence, deliberate, and determine whether a mistake was made with regard to the amount of a benefit. Any affected Pensioner shall be given notice of the meeting and shall be given an opportunity to be heard and present evidence to the Board.

## CHAPTER IV - EXPENDITURES AND INVESTMENTS

### **4.01 Expenditures**

The Treasurer shall provide the Board with a detailed expenditure analysis prior to each quarterly meeting. The Board shall review this analysis to determine if expenditures have been made in accordance with the Illinois Pension Code.

The President and the Treasurer shall review any expenditures between meetings. If it is determined that a debt needs immediate payment and that the debt is a reasonable and customary expense, the President and the Treasurer, in concert, shall direct that the debt be paid. At the next meeting, the debt/expense shall be discussed and voted on by the Board. If the President and Treasurer are not able to reach an agreement to pay such debt/expense, the debt/expense shall be held for payment until the Board meets to discuss and vote for approval or denial. The President and Secretary shall sign warrants prepared by the Treasurer upon an affirmative vote of the Board for the payment of the bills.

The Board shall maintain a petty cash account in an amount to be determined from time to time by the Board. The Board's officers shall have access to the petty cash account to pay small expenses of the Board, and a summary of debits and credits to this account shall be provided to the Board at each regular meeting.

All payouts to pensioners or beneficiaries shall be examined at a Board meeting to verify check amounts for accuracy, review of benefit status (i.e. eligibility requirements, automatic increases or decreases), and current medical status, if on disability. Any disbursement in excess of \$10,000 shall require two (2) signatures, one of which shall be the Board's treasurer, if available. Disability or pension checks must be mailed directly to the recipient, as opposed to a third party or deposited in a direct deposit account as directed by the member. (40 ILCS 5/4-131 and 4-132)

### **4.02 Investments**

#### **A. Investment Committee and Policy**

The President shall annually appoint an investment committee consisting of the Treasurer and two additional members of the Board. The committee shall comply with the Open Meetings Act (5/ ILCS 120/1 *et seq.*). The committee shall review the investment practices of the Board and make written findings and recommendations to the Board. The committee shall also be responsible for drafting an investment policy consistent with the requirements of the Illinois Pension Code for review and adoption by the Board. The policy shall be reviewed annually by the committee and changes recommended to the Board for adoption.

The Treasurer shall be responsible for implementation of the investment policy and for filing a copy of the policy with the Illinois Department of Insurance within thirty (30) days after its adoption or amendment. (See APPENDIX B). (40 ILCS 5/1-113.6 and 1-113.16)

#### **B. Purchase, Sale or Transfer of Investments**

The Board shall authorize the purchase, transfer or sale of any investment instrument or security owned by the Fund. The signatures of the Treasurer and one other Board member shall be required. If necessary, approval may be obtained with one facsimile signature and one original signature. (40 ILCS 5/4-128 and 4-130)

**C. Investment Transparency**

The Board shall make available for inspection by the public information concerning the investment of its funds as set forth in Section 1-113.16 of the Illinois Pension Code and update the information at least quarterly. (40 ILCS 5/1-113.16)

**4.03 Investment Advisors/Consultants**

**A. Appointment of Advisors and/or Consultants**

The Board may appoint one or more investment advisors and/or consultants to assist the Board in investing the assets of the Fund. Such appointments shall be made pursuant to a written contract between the investment advisor/consultant and the Board, and shall comply with the Board's investment policy and the requirements of Section 1-113.5(b) of the Illinois Pension Code. All investment advisors and/or consultants appointed by the Board shall acknowledge in writing that they are fiduciaries with respect to the Fund. (40 ILCS 5/1-113.5(b))

**B. Investing with Investment Advisors/Consultants**

No Board member or other fiduciary of the Fund shall knowingly cause or advise the Fund to engage in an investment transaction with an investment advisor when the Board member or other fiduciary (i) has any direct interest in the income, gains, or profits of the investment advisor through which the investment transaction is made or (ii) has a business relationship with that investment advisor that would result in a pecuniary benefit to the Board member or other fiduciary as a result of the investment transaction. (40 ILCS 4/1-110(d)).

**C. Five-Year Limitation of Consultants' Agreements**

All contracts to provide consulting services to the Fund with respect to the selection of fiduciaries shall be limited in term to a maximum of five (5) years. No contract to provide consulting services to the Fund may be renewed or extended. At the end of the term of a consulting services contract, however, the contractor is eligible to compete for a new contract. (40 ILCS 5/1-113.5(a-5))

**4.04 Servicer Certification**

All Illinois finance entities (as defined by Section 1-110.10 of the Illinois Pension Code) with which the Fund invests or deposits Fund assets must annually certify that it complies with the requirements of the High Risk Home Loan Act and the rules adopted pursuant to that Act that are applicable to that Illinois finance entity, prior to the investment or deposit of Fund assets. The Fund shall submit the certifications of each Illinois finance entity with which the Fund invests or deposits fund assets to the Illinois Department of Insurance. (40 ILCS 5/1-110.10)



**FORM 2**

**PARK RIDGE FIREFIGHTERS' PENSION FUND  
ANNUAL TAX LEVY REPORT FORM**

**ANNUAL FIREFIGHTERS' PENSION FUND TAX LEVY REPORT  
TO THE CITY COUNCIL  
FOR THE FISCAL YEAR ENDING \_\_\_\_\_, \_\_\_\_\_.**

Pursuant to Section 4-134 of the Illinois Pension Code (40 ILCS 5/4-134), the Board of Trustees of the Park Ridge Firefighters' Pension Fund (the "Fund") hereby presents its report of the condition of the Fund at the end of its most recently completed fiscal year as follows:

1. Total assets held by the Fund at the end of the fiscal year: \$\_\_\_\_\_.  
The current market value of the Fund's total assets: \$\_\_\_\_\_.
2. Estimated receipts during the next succeeding fiscal year from deductions from the salaries or wages of firefighters and all other sources: \$\_\_\_\_\_.
3. Estimated amounts necessary during the next fiscal year to meet the annual actuarial requirements of the Fund as provided in Sections 4-118 and 4-120 (40 ILCS 5/4-118 and 4-120) as determined by the Illinois Department of Insurance: \$\_\_\_\_\_.

As determined by a private actuary estimated amounts necessary during the next fiscal year to meet the annual actuarial requirements of the Fund as provided in Sections 4-118 and 4-120 (40 ILCS 5/4-118 and 4-120) as determined by the Illinois Department of Insurance: \$\_\_\_\_\_.

4. Total net income received from investment of assets along with the assumed investment return and actual investment return received by the Fund during its most recently completed fiscal year, compared to the total net income, assumed investment return, and actual investment return received during the preceding fiscal year:

|   | <u>Current<br/>Fiscal Year</u> | <u>Preceding<br/>Fiscal Year</u> |
|---|--------------------------------|----------------------------------|
| Net income received from investment of assets:  | \$_____                        | \$_____                          |
| Assumed investment return as determined by<br>Illinois Department of Insurance – Actuarial Report | _____ 7.0%                     |                                  |
| _____ 7.0%  |                                |                                  |
| Actual investment return:   | _____ %                        | _____ %                          |
|   | <u>Current<br/>Fiscal Year</u> | <u>Preceding<br/>Fiscal Year</u> |
| Net income received from investment of assets,<br>as determined by a private actuary:             | \$_____                        | \$_____                          |
| Assumed investment return as determined by<br>Illinois Department of Insurance – Actuarial Report | 7.0%                           | 7.0%                             |
| Actual investment return, as determined by a<br>private actuary:                                  | _____ %                        | _____ %                          |

5. The increase in employer pension contributions resulting from the implementation of P.A. 93-0689 as determined by the Illinois Department of Insurance: \$\_\_\_\_\_.

6. Total number of active employees who are financially contributing to the Fund: \_\_\_\_\_.

7. Total amount of benefits disbursed by Fund during the fiscal year:

|      |                                |                  |          |
|------|--------------------------------|------------------|----------|
| i.   | Retirement Pensions            | _____ recipients | \$ _____ |
| ii.  | Disability Pensions            | _____ recipients | \$ _____ |
| iii. | Survivor and Children Pensions | _____ recipients | \$ _____ |
|      | TOTAL:                         | _____ recipients | \$ _____ |

8. Funded ratio of the Fund as determined by the Illinois Department of Insurance: \_\_\_\_\_%.

Funded ratio of the Fund as determined by a private actuary: \_\_\_\_\_%.

9. Unfunded liability of the Fund as determined by the Illinois Department of Insurance: \$\_\_\_\_\_.

The accrued liability is the actuarial present value of the portion of the projected benefits that has been accrued as of the valuation date based upon the actuarial valuation method and the actuarial assumptions employed in the valuation. The unfunded accrued liability is the excess of the accrued liability over the actuarial value of assets.

Unfunded liability of the Fund as determined by a private actuary: \$\_\_\_\_\_.

The accrued liability is the actuarial present value of the portion of the projected benefits that has been accrued as of the valuation date based upon the actuarial valuation method and the actuarial assumptions employed in the valuation. The unfunded accrued liability is the excess of the accrued liability over the actuarial value of assets.

10. A copy of the Fund's current investment policy under the statutory investment restrictions imposed on the Fund is attached to this report for informational purposes.

A copy of the actuarial report prepared by \_\_\_\_\_ (name of actuary) at the direction of \_\_\_\_\_ (District) [or pursuant to state law, if DOI report] is attached to this report for informational purposes.

These certifications are made by the Board of Trustees this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
President, Board of Trustees  
Park Ridge Firefighters' Pension Fund

Attest:

\_\_\_\_\_  
Secretary, Board of Trustees  
Park Ridge Firefighters' Pension Fund

**FORM 3**

**PARK RIDGE FIREFIGHTERS' PENSION FUND  
ANNUAL BOARD MEMBER TRAINING RECORD FORM**

In accordance with Sections 1-109.3 and 1-113.18 of the Illinois Pension Code (40 ILCS 5/1-109 and 1-113.18), Trustee \_\_\_\_\_ of the Board of Trustees of the Park Ridge Firefighters' Pension Fund completed the following training for the year 20\_\_:

**Initial 32-hour training requirement under Section 1-109.3(a) (40 ILCS 5/1-109.3(a)) (trustees elected or appointed after August 13, 2009):**

| Date   | Subject | Source of training | Time  |
|--|---------|--------------------|-------|
| _____  | _____   | _____              | _____ |
| _____  | _____   | _____              | _____ |
| _____  | _____   | _____              | _____ |
| _____  | _____   | _____              | _____ |
| <b>Total initial training hours (minimum of 32):</b> |         |                    | _____ |

|  |       |       |       |
|--|-------|-------|-------|
| _____  | _____ | _____ | _____ |
| _____  | _____ | _____ | _____ |
| _____  | _____ | _____ | _____ |
| _____  | _____ | _____ | _____ |
| <b>Total hours for year (minimum of 16):</b> |       |       | _____ |

The foregoing training record having been duly presented and accepted by the Board of Trustees of the Park Ridge Firefighters' Pension Fund, the same is hereby certified this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

**By:** \_\_\_\_\_  
President

**Attest:** \_\_\_\_\_  
Secretary

FORM 4

PARK RIDGE FIREFIGHTERS' PENSION FUND  
FREEDOM OF INFORMATION ACT  
WRITTEN REQUEST FOR RECORDS

Dear Freedom of Information Officer (or designee):

(I), (We), are hereby requesting that (I) (We)

\_\_\_\_\_ inspect the following records at the Park Ridge Firefighters' Pension Fund's Administrative Office.

\_\_\_\_\_ receive copies of the following records from the Park Ridge Firefighters' Pension Fund.

(Please be specific in listing records.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the records received or requested or the information derived thereof be used in any form of sale, resale, or solicitation or advertisement for sales or services?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

I understand that if I request that the records be copied, I may be charged a fee due in full before the copies are made.

\_\_\_\_\_  
Signature(s) of Requester(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**(For internal use only)**

Date Request Received: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Response Due: \_\_\_\_\_

FORM 5

PARK RIDGE FIREFIGHTERS' PENSION FUND  
FREEDOM OF INFORMATION ACT  
APPROVAL FOR REQUEST FOR PUBLIC RECORDS

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

PHONE NUMBER

EMAIL: \_\_\_\_\_

FROM:

Park Ridge Firefighters' Pension Fund  
901 Devon Ave.  
Park Ridge, Illinois 60068

DESCRIPTION OF REQUESTED RECORDS:

\_\_\_\_\_  
\_\_\_\_\_

Your request dated \_\_\_\_\_ for the above captioned records has been approved.

\_\_\_\_\_ The requested documents are attached.

\_\_\_\_\_ The documents will be made available at the Fund's Administrative Office on (Date) \_\_\_\_\_ upon payment of copying costs in the amount of \_\_\_\_\_.

\_\_\_\_\_ You may inspect the records at 901 Devon Ave., Park Ridge, Illinois

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on \_\_\_\_\_  
DATE

\_\_\_\_\_  
Freedom of Information Officer or Designee

\_\_\_\_\_  
Date

FORM 6

PARK RIDGE FIREFIGHTERS' PENSION FUND  
FREEDOM OF INFORMATION ACT  
DENIAL OF REQUEST FOR PUBLIC RECORDS

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM:  
Park Ridge Firefighters' Pension Fund  
901 Devon Ave.  
Park Ridge, Illinois 60068

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP

( ) \_\_\_\_\_

PHONE NUMBER

EMAIL: \_\_\_\_\_

DESCRIPTION OF REQUESTED RECORDS:

\_\_\_\_\_  
\_\_\_\_\_

Your request dated \_\_\_\_\_ for the above captioned records has been denied:

\_\_\_\_\_ The request creates an undue burden on the public body in accordance with Section 3(f) of the Freedom of Information Act, and we were unable to negotiate a more reasonable request.

\_\_\_\_\_ The materials requested are exempt under Section 7\_\_ of the Freedom of Information Act for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The request is a voluminous request as defined in Section 3.6 of the Freedom of Information Act. You have ten (10) business days to amend your request so that it is no longer a voluminous request. Your request will be reevaluated once it is amended or at the expiration of the ten (10) business days, and you shall receive a second response.

The individual(s) who were responsible for the denial are:

\_\_\_\_\_

You have the right to appeal the denial of the records you have requested to the Public Access Counselor at Illinois Attorney General, 100 West Randolph Street, Chicago, Illinois,, and by placing the words "Freedom of

---

Information Act Appeal" on the face of the envelope, if sent by mail. In submitting your notice of appeal, you must include a copy of your original request and this denial, and state the reasons why you feel your appeal should be granted.

\_\_\_\_\_  
Freedom of Information Officer or Designee

\_\_\_\_\_  
Date

FORM 7

PARK RIDGE FIREFIGHTERS' PENSION FUND  
FREEDOM OF INFORMATION ACT  
PARTIAL APPROVAL OF REQUEST FOR PUBLIC RECORDS

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

( ) \_\_\_\_\_

PHONE NUMBER

EMAIL: \_\_\_\_\_

FROM:  
Park Ridge Firefighters' Pension Fund  
901 Devon Ave.  
Park Ridge, Illinois 60068

DESCRIPTION OF REQUESTED RECORDS:

Your request dated \_\_\_\_\_ for the above captioned records has been partially approved. Those parts of your request that have been approved:

\_\_\_\_\_ will be made available at Fund's Administrative Offices on (Date) \_\_\_\_\_  
\_\_\_\_\_ upon payment of copying costs in the amount of \_\_\_\_\_.

\_\_\_\_\_ may be inspected at 901 Devon Ave., Park Ridge, Illinois on \_\_\_\_\_  
DATE

The following portions of your request have been denied for the reasons cited:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

The individual(s) who were responsible for the denial are:

---

You have the right to appeal the denial of that portion of the records you have requested to the Public Access Counselor at Illinois Attorney General, 100 West Randolph Street, Chicago, Illinois. In submitting your notice of appeal, you must include a copy of your original request and this partial denial, and state the reasons why you feel this appeal should be granted.

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Freedom of Information Officer or Designee

---

Date

FORM 8

PARK RIDGE FIREFIGHTERS' PENSION FUND  
FREEDOM OF INFORMATION ACT  
DEFERRAL OF RESPONSE TO REQUEST FOR PUBLIC RECORDS

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

( ) \_\_\_\_\_

PHONE NUMBER

EMAIL: \_\_\_\_\_

FROM:  
Park Ridge Firefighters' Pension Fund  
901 Devon Ave.  
Park Ridge, Illinois 60068

DESCRIPTION OF REQUESTED RECORDS:

The response to your request dated \_\_\_\_\_ for the above captioned records must be delayed. Pursuant to Section 3(d) of the Freedom of Information Act, the delay in responding to your request is for the following reason(s):

You will be notified by \_\_\_\_\_ as to the action taken on your request.  
Date

\_\_\_\_\_  
Freedom of Information Officer or Designee

\_\_\_\_\_  
Date

FORM 9

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

I hereby make application for membership in the Park Ridge Firefighters' Pension Fund of the Park Ridge Fire Department under the terms and provisions of Article 4 of the Illinois Pension Code (40 ILCS 5/4-101 *et seq.*) and other applicable law. In addition, I have completed the Park Ridge Firefighters' Pension Fund Background Information Form (**Form 10**), and it is attached hereto and made a part hereof.

I was appointed to the Park Ridge Fire Department on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and have served in the Department since that date.

\_\_\_\_\_ 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

**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? Yes [ ] No [ ] Note that any firefighter hired on or after July 1, 2004, must, within twenty-one (21) months of being hired, notify the following of his or her intent to combine creditable service from multiple Article 4 pension funds: (1) the Fund; (2) the City; (3) all previous fire departments or fire protection districts at which he or she was employed and a member of an Article 4 pension fund; and (4) the Illinois Department of Insurance. 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 [ ]

If yes, please indicate the amount of refund (gross): \_\_\_\_\_

Date of refund: \_\_\_\_\_

**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 [ ]

If yes, please indicate the amount of refund (gross): \_\_\_\_\_

Date of refund: \_\_\_\_\_

If it is your intention to combine creditable service from multiple Article 4 pension funds, please also complete **Form 34** regarding the creditable service claim and payment for the Article 4 service credit.

**I authorize the City of Park Ridge, the City of Park Ridge Board of Fire & Police Commissioners, and the Park Ridge Fire Department to disclose any documentation regarding my physical condition for purposes of this application I make to the Fund. I waive, for myself and any persons who may have an interest in this matter, all provisions of the law relating to the disclosure of information acquired through those examinations. A photocopy of this authorization shall be as effective and as valid as the original.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last Four Digits of SSN Social-Security-Number

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

---

**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 Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 10

PARK RIDGE FIREFIGHTERS' PENSION FUND  
BACKGROUND INFORMATION FORM

Each applicant to the Park Ridge Firefighters' Pension Fund is required to file the following statement. This sheet shall be part of your permanent record. Please answer the following questions completely and accurately. Please attach to this form copies of the following documents where applicable: your birth certificate, spouse's birth certificate, your children's birth certificates, marriage certificate, certificate of civil union, divorce decree, U.S. military service records and/or discharge records, and records relative to dependent parents.

(USE TYPEWRITER OR PRINT)

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City Zip

EMAIL: \_\_\_\_\_  
Phone Number

Rank Place of Birth

Date of Birth Last Four Digits of SSN Social Security Number

FATHER'S NAME: \_\_\_\_\_  
Last First Middle

MOTHER'S NAME: \_\_\_\_\_  
Last First Middle

IF SINGLE, NAME ONE BENEFICIARY THE EXECUTOR OF YOUR ESTATE:

\_\_\_\_\_ Name

Address Relationship

Phone Number

IF MARRIED, GIVE: \_\_\_\_\_  
Date of Marriage City/Town

SPOUSE'S NAME: \_\_\_\_\_  
Last First Middle

DATE & PLACE OF SPOUSE'S BIRTH: \_\_\_\_\_  
Date City/Town

| SPOUSE'S Last Four Digits of SSN SOCIAL SECURITY NUMBER: \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ALL OF YOUR LIVING NATURAL OR ADOPTED DEPENDENTS UNDER THE AGE OF 18 YEARS OR DEPENDENT ADULT CHILDREN OR DEPENDENT PARENTS. Please note that stepchildren who have not been legally adopted by you are not "dependents" for pension purposes:

| NAME | DATE OF BIRTH | PLACE OF BIRTH | Last Four Digits of SSNSOGIA SECURITY NO. | RELATIONSHIP | NATURAL or ADOPTED | DEPENDENT BY DISABILITY? (YES/NO) |
|------|---------------|----------------|---|--------------|--------------------|-----------------------------------|
|      |               |                |   |              |                    |                                   |
|      |               |                |   |              |                    |                                   |
|      |               |                |   |              |                    |                                   |
|      |               |                |   |              |                    |                                   |

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT. FURTHERMORE, I UNDERSTAND THAT IF ANY INFORMATION SUBMITTED ON THIS FORM CHANGES, I MUST IMMEDIATELY NOTIFY THE PARK RIDGE FIREFIGHTERS' PENSION FUND.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Attachments (please check applicable records):**

- Applicant's Birth Certificate
- Spouse's Birth Certificate
- Spouse's Death Certificate
- Child/Children's Birth Certificate
- Marriage Certificate
- Certificate of Civil Union
- Divorce Decree
- Qualified Illinois Domestic Relations Order (QILDRO)
- U.S. Military Service Records and/or Discharge Records, DD-214 Member-4 Copy
- Dependent Adult Children Records
- Social Security Administration Determination of Disability
- Dependent Parent Records
- Certified Copy of Children's Adoption Orders

**FOR BOARD USE ONLY**

Received by \_\_\_\_\_

on \_\_\_\_\_ (date)

---

**Signature**

FORM 11

PARK RIDGE FIREFIGHTERS' PENSION FUND  
PHYSICIAN'S CERTIFICATION REGARDING ENTRY-LEVEL PHYSICAL CONDITION

\_\_\_\_\_

This is to certify that I have examined \_\_\_\_\_, a firefighter seeking membership in the Park Ridge Firefighters' Pension Fund on \_\_\_\_\_ (date of exam) and I certify as follows:

Does the firefighter demonstrate any impairment caused by heart disease, stroke, tuberculosis, any disease of the lungs or respiratory tract, or cancer?

- |     |   |     |     |    |     |
|-----|---|-----|-----|----|-----|
| (a) | Heart Disease                                 | Yes | [ ] | No | [ ] |
| (b) | Stroke  | Yes | [ ] | No | [ ] |
| (c) | Tuberculosis                                  | Yes | [ ] | No | [ ] |
| (d) | Any disease of the lungs or respiratory tract | Yes | [ ] | No | [ ] |
| (e) | Cancer  | Yes | [ ] | No | [ ] |

If "yes", please explain the nature of the firefighter's condition in connection with the above-outlined medical issues:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Date: \_\_\_\_\_

FORM 12

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: \_\_\_\_\_  
\_\_\_\_\_  
Last Four Digits of Your SSN/Your SS#: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Current Employer: \_\_\_\_\_ Employer's Phone No.: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's Last Four Digits of SSN/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. Does a QILDRO apply to your pension benefit? Yes No
34. If you have remarried, what was the date of your remarriage? \_\_\_\_\_
45. Do you have dependent children or dependent parents? \_\_\_\_\_
56. If yes, please give names, dates of birth, and last four digits of SSN/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

---

**FOR BOARD USE ONLY**

Received by \_\_\_\_\_

on \_\_\_\_\_  
(date)

\_\_\_\_\_  
Signature

FORM 13

PARK RIDGE FIREFIGHTERS' PENSION FUND  
AFFIDAVIT OF ELIGIBILITY – DISABILITY PENSION

*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. Please attach a copy of your current job description, if you are currently working.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
\_\_\_\_\_ Last four digits of SS#: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Current Employer: \_\_\_\_\_ Employer's Phone No.: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Last four digits of Spouse's SS#: \_\_\_\_\_

Check the appropriate items:

1. I am now receiving: \_\_\_ duty-related \_\_\_ non-duty \_\_\_ occupational disease disability 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 last four digits of Social Security numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a completed "Authorization for Release of Medical Records" form (Form 14) and answer the following questions:





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**FOR BOARD USE ONLY**

Received by \_\_\_\_\_

on \_\_\_\_\_  
(date)

\_\_\_\_\_  
**Signature**

FORM 14

PARK RIDGE FIREFIGHTERS' PENSION FUND  
AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

*In accordance with the Health Insurance Portability and Accountability Act (HIPAA)  
(45 CFR Parts 160 and 164)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four digits of SS#: \_\_\_\_\_

I authorize \_\_\_\_\_ to release my health information to the Board of Trustees of the Park Ridge Firefighters Pension Fund and its attorney. I authorize the use or disclosure of the named individual's health information as described below for the purpose of seeking, maintaining, or terminating benefits from the Fund.

**Information to be released (please check the applicable sections):**

\_\_\_\_ Entire medical record (to include ER records, admission and discharge summaries, dictated reports and consults, operative and procedure reports, intraoperative and procedure flow sheets, informed consents, physician orders, progress notes, nurses notes, flow sheets, medication and transfusion records, test results, labs, pictures, pathology reports, EKGs, fetal monitoring strips, office records, immunization records, growth charts, telemetry strips, radiology and other diagnostic reports, and patient instructions).

\_\_\_\_ Any and all

\_\_\_\_ Last five (5) years

\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_ Record abstract (history and physical, progress notes, lab, radiology, operative report, pathology report, consultation report, and diagnostic tests).

\_\_\_\_ Any and all

\_\_\_\_ Last five (5) years

\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_ Radiology and other diagnostic imaging films, pictures, and/or CD rom (x-rays, CT scans, MRI, ultrasound, angiogram, diagnostic procedure, etc.) unless otherwise specified.

\_\_\_\_ Any and all

\_\_\_\_ Last five (5) years

\_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_ Pathology slides.  
Describe: \_\_\_\_\_

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ All medical and related bills related to the above requested information.

I authorize the use or disclosure of the above named individual's health information as described below for the purpose of seeking, maintaining, or terminating benefits from the Fund. **The following items must be checked and initialed to be included in the use and/or disclosure of other health information:**

\_\_\_\_\_ HIV / AIDS related treatment

\_\_\_\_\_ Sexually transmitted diseases

\_\_\_\_\_ Mental health

\_\_\_\_\_ Drug / alcohol diagnosis, treatment / referral.

- I understand that I may revoke this authorization at any time, provided that I do so in writing to the Board of Trustees of Park Ridge Firefighters' Pension Fund, or its attorney, except to the extent that the records have already been released. Unless revoked earlier, this authorization will expire twelve (12) months from the date of signing or until (insert applicable date or event) \_\_\_\_\_
- I understand authorizing the disclosure of health information is voluntary. I can refuse to sign this authorization. I understand that if the person or entity receiving the information is not a health care provider or health plan covered by federal HIPAA privacy regulations, the information described above may be redisclosed and no longer protected by these regulations. However, the recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.
- I acknowledge that I have received a copy of this authorization.
- A photocopy of this authorization shall be as valid and effective as the original.

\_\_\_\_\_  
Signature of Applicant or Applicant's Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Representative (if applicable)

\_\_\_\_\_  
Relationship to Patient

Subscribed and sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

FORM 15

PARK RIDGE FIREFIGHTERS' PENSION FUND  
PHYSICIAN'S CERTIFICATION OF CONTINUANCE OF DISABILITY

*Please attach to this form your narrative report that addresses the answers to the following questions.*

I have examined \_\_\_\_\_, a member receiving disability pension benefits from the Park Ridge Firefighters' Pension Fund, and evaluated his or her medical condition pursuant to his or her job description with the Park Ridge Fire Department and the Park Ridge Fire Department's physical fitness test on (date of examination) \_\_\_\_\_, and I respond to the following questions below and in the attached narrative report as follows:

1. Does the member continue to be disabled to a point that he or she is not able to perform his or her duties as a firefighter and/or officer pursuant to the job description of the Park Ridge Fire Department?

Yes [    ]                      No [    ]                      Unsure [    ]

2. Is the member's injury/illness that prohibits him or her from performing his or her duties as a firefighter and/or officer the same injury/illness which caused him or her to qualify for disability pension benefits originally?

Yes [    ]                      No [    ]                      Unsure [    ]

If "no", please explain the nature of the member's current injury/illness which prohibits him or her from performing his or her duties as firefighter and/or officer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

FORM 16

PARK RIDGE FIREFIGHTERS' PENSION FUND  
CERTIFICATION OF MEDICAL RECORDS

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THIS IS TO CERTIFY that the medical records attached hereto are the complete and current records of \_\_\_\_\_.

Signature of Physician: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

FORM 17

PARK RIDGE FIREFIGHTERS' PENSION FUND  
CHANGE OF RECORDS

Please fill in only those portions of the form applicable to a change in your records now on file with the Fund.

NAME: \_\_\_\_\_

TYPE OF CHANGE

\_\_\_\_\_ ADDRESS \_\_\_\_\_ CHILDREN \_\_\_\_\_ MARRIAGE/SPOUSE \_\_\_\_\_ OTHER

ADDRESS

Former Address: \_\_\_\_\_ City/State \_\_\_\_\_

Former Phone Number: \_\_\_\_\_ Zip \_\_\_\_\_

Former Email: \_\_\_\_\_

New Address: \_\_\_\_\_ City/State \_\_\_\_\_

New Phone Number: \_\_\_\_\_ Zip \_\_\_\_\_

New Email: \_\_\_\_\_

| NAME | DATE OF BIRTH | PLACE OF BIRTH | DATE OF DEATH (if applicable) | SOCIAL SECURITY NUMBER | RELATIONSHIP | NATURAL or ADOPTED | DEPENDENT BY DISABILITY? (YES/NO) |
|------|---------------|----------------|-------------------------------|------------------------|--------------|--------------------|-----------------------------------|
|------|---------------|----------------|-------------------------------|------------------------|--------------|--------------------|-----------------------------------|

NATURAL OR ADOPTED DEPENDENT CHILDREN (INCLUDING DEPENDENT PARENTS OR DEPENDENT ADULT CHILDREN) (Please attach copy of birth certificate or death certificate) Please note that stepchildren who have not been legally adopted by you are not "dependents" for pension purposes.

| NAME | DATE OF BIRTH | PLACE OF BIRTH | DATE OF DEATH (if applicable) | Last Four Digits of SSN | RELATIONSHIP | NATURAL or ADOPTED | DEPENDENT BY DISABILITY? (YES/NO) |
|------|---------------|----------------|-------------------------------|-------------------------|--------------|--------------------|-----------------------------------|
|------|---------------|----------------|-------------------------------|-------------------------|--------------|--------------------|-----------------------------------|

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- U.S. Military Service Records and/or Discharge Records, DD-214 Member-4 Copy
- Dependent Adult Children Records
- Social Security Administration Determination of Disability
- Dependent Parent Records
- Certified Copy of Children's Adoption Orders

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**FOR BOARD USE ONLY**

Received by \_\_\_\_\_

on \_\_\_\_\_  
(date)

\_\_\_\_\_  
**Signature**

FORM 18

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR REFUND

*Please attach a copy of your letter of resignation.*

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Age: \_\_\_\_\_ Date of probationary appointment: \_\_\_\_\_

Date of regular appointment: \_\_\_\_\_

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

Have you received disability pension payments? Yes [ ] No [ ]

Please indicate any time periods that would not count as credible 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): \_\_\_\_\_

As I have creditable service of less than 20 years and am leaving the Fire Department, I wish the total deductions made from my salary during my employment returned to me as provided in Section 4-116, and I am aware of and waive forever any claim to a pension under Section 4-109 of the Illinois Pension Code (40 ILCS 5/4-109), unless I return to service in the future and qualify at that time, or repay the refund with interest as provided in Section 4-109.3 of the Illinois Pension Code (40 ILCS 5/4-109.3).

I have elected the following method of refund:

[ ] Paid to myself. I understand federal income taxes will be withheld from my distribution.

[ ] Paid in a direct rollover - Distribution should be made to:

Trustee/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Account No.: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Last Four Digits of SSN Social Security Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
E-mail 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 Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 19

PARK RIDGE FIREFIGHTERS' PENSION FUND  
MAINTENANCE OF PENSION AFTER SEPARATION FROM SERVICE

*Please attach a copy of your letter of resignation.*

\_\_\_\_\_ 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).

Have you received disability pension payments? Yes [ ] No [ ]

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): \_\_\_\_\_

As I have creditable service of less than 20 years and am leaving the Fire Department, I wish the total deductions made from my salary during my employment be left in the pension fund, and I request that I receive the pension to which I may be entitled under Section 4-109 or Section 4-109.3 of the Illinois Pension Code. (40 ILCS 5/4-109 and 4-109.3)

Do you wish to combine your creditable service with this Fire Department with a new fire department's or fire protection district's Article 4 pension fund? Yes [ ] No [ ]

If yes, you must pay the Park Ridge Firefighters' Pension Fund a contribution equal to 1% of monthly salary for each month of service credit that you have in this Fund, together with interest thereon at the rate of 6% per annum, compounded annually, from your first day of employment with the Fire Department or the first day of the fiscal year of the Fund that immediately precedes your first day of employment, whichever is earlier. This contribution must be paid in full prior to any pension being paid to you.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

| \_\_\_\_\_ Last Four Digits of SSN Social Security Number

\_\_\_\_\_ Print Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, and Zip Code

\_\_\_\_\_ E-mail Address

\_\_\_\_\_ Phone Number

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**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 Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 20

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR MILITARY SERVICE CREDIT

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Date of this application: \_\_\_\_\_

Date of original appointment: \_\_\_\_\_

**Under Section 4-108(c)(1.5) of the Illinois Pension Code (40 ILCS 5/4-108(c)(1.5)), a firefighter may establish creditable service for a period of up to twenty-four (24) months of service in the military, naval or air forces of the United States that was served prior to employment by a municipality or fire protection district as a firefighter.**

Amount of creditable service time to be established: \_\_\_\_\_ years, \_\_\_\_\_ months

Dates of applicable time frame for which service credit is being established:

\_\_\_\_\_ to \_\_\_\_\_

Date Applicant can pay his/her contribution in full: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Last Four Digits of SSN ~~Social Security Number~~

\_\_\_\_\_  
Email Address

**FOR BOARD USE ONLY**

Received by \_\_\_\_\_

on \_\_\_\_\_  
(date)

\_\_\_\_\_  
Signature

Department of Defense Form 214 (Certificate of Discharge from Active Duty) – received from employee: \_\_\_\_\_

Amount of employee contribution due: \_\_\_\_\_

Amount equal to employer's normal cost of benefits accrued for military service: \_\_\_\_\_

Applicable interest from first date of membership to the date of payment of the above: \_\_\_\_\_

The foregoing application for military service credit having been duly presented and considered by the Board of Trustees of the Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE  
PARK RIDGE FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
**President**

By: \_\_\_\_\_  
**Secretary**

FORM 21

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR DISABILITY BENEFITS

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Age: \_\_\_\_\_ Date of probationary-appointment: \_\_\_\_\_

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

I hereby make application for a disability pension from the Park Ridge Firefighters' Pension Fund as  
of \_\_\_\_\_, \_\_\_\_\_ under the Illinois Pension Code.

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 thirty (30) days in  
any one (1) year where no required contribution was made to the Fund): \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Names of Natural or Adopted Children, or Dependent Parents or Dependent Adult Children (if applicable):

Please specifically describe the nature of your disability/disabilities. Please include the time, date, and  
location of cause of disability or onset of disability:

Please list any and all witnesses to your injury or illness that has given rise to your disability:



What treatment(s) and/or surgery(s) have you had in regards to this disability?

TREATMENT/SURGERY                      DATE                      TREATING PHYSICIAN

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Have you had physical therapy with regards to your disability? Yes [  ] No [  ] If yes, please list name of physical therapist, location of therapy, and dates of service.

NAME                      ADDRESS/PHONE                      DATE(S) OF THERAPY

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Have you had a functional capacity evaluation with regards to this disability? Yes [  ] No [  ] If yes, please list the name of the facility, address, and phone number where you were tested and the date of the evaluation.

NAME                      ADDRESS/PHONE                      DATE OF FCE

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**OUTSIDE EMPLOYMENT**

Have you maintained employment outside the Fire Department immediately before, during or after the event(s) causing or contributing to your disability? Yes [  ] No [  ]

If yes, please provide the following information on each and every outside employer (attach additional sheets, if necessary):

Name of Employer: \_\_\_\_\_

Position held: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Description of job duties (please attach job description):

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Were you involved in any incident or did you suffer any injury while working in this outside employment positions that caused or contributed to your disability? Yes [ ] No [ ]

If yes, please describe the incident or injury, including time, date, location, and which employer it involved:

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**WORKER'S COMPENSATION**

Have you filed a worker's compensation claim in connection with your current disability? Yes [ ] No [ ]

If yes, please provide date(s) of filing and case number(s):

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**OUTSIDE INTERESTS AND ACTIVITIES THAT MAY BE RELEVANT TO THIS APPLICATION**

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**REPRESENTATION**

Do you have an attorney representing you in your disability application? Yes [ ] No [ ]

If yes, please provide the following:

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I also hereby consent to the release of the following to the Board of Trustees of the Park Ridge Firefighters' Pension Fund and its attorneys: (1) any and all medical records prepared during the physical examination I was required to undergo for employment with the Park Ridge Fire Department or application with the Park Ridge Firefighters' Pension Fund; (2) any examination by the

physician(s) or physical therapists I listed above; (3) any medical test results and any examination by any physician or physical therapist which is relevant to the application I am making; (4) any relevant employment records from the Park Ridge Fire Department or any employer I have listed above; and (5) any other additional relevant records from any source that may be relevant to this application. A photocopy of the authorization shall be as effective and valid as the original.

I also understand that I must complete and sign an Authorization for Release of Medical Records (Form 14) which is attached to this application.

|   |               |
|---|---------------|
| _____   | _____         |
| <u>Last Four Digits of SSN</u> Social Security Number | Signature     |
| Petitioner  | of            |
| _____   | _____         |
| Address   | Print Name    |
| _____   | _____         |
| City, State, and Zip Code                             | Phone         |
| _____   | _____         |
| Date  | Date of Birth |
| _____   |               |
| E-mail Address  |               |

**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 Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 22

**PARK RIDGE 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 Park Ridge 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 (QILDRO)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a copy of the court's order.

Ending annual salary: \_\_\_\_\_

Please detail the breakdown of your ending salary: \_\_\_\_\_

**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: \_\_\_\_\_

Please detail the breakdown of your ending salary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 34** with this application.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Last Four Digits of SSN/Social Security Number \_\_\_\_\_ Print Name

\_\_\_\_\_ Address \_\_\_\_\_ City, State, and Zip Code

\_\_\_\_\_ E-mail Address \_\_\_\_\_ Phone Number

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**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 Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 23

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR WIDOW/WIDOWER AND/OR DEPENDENT BENEFITS

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

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

Name(s) of applicant(s): \_\_\_\_\_  
\_\_\_\_\_

Relationship(s) to deceased: \_\_\_\_\_  
(spouse/dependent)

Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_ Last Four Digits of Your SSN/Your-SS#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_

I hereby make application for the following type(s) of widow/widower and/or dependent pension from the Park Ridge Firefighters' Pension Fund:

\_\_\_\_\_ regular surviving spouse benefits (40 ILCS 5/4-114(a))

\_\_\_\_\_ minor and/or surviving children benefits (40 ILCS 5/4-114(a))

\_\_\_\_\_ duty-related surviving spouse benefits (40 ILCS 5/4-114(i))

**LIVING STATUS**

Were you living with the deceased at the time of death? Yes [ ] No [ ]

If no, please state your reason for not living with the deceased (indicate separation or divorce, or explain other reasons):

\_\_\_\_\_  
Residence of deceased at time of death: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Indicate whether the deceased was an active or retired firefighter or receiving disability benefits at the time of his or her death:

Active \_\_\_\_\_ Retired \_\_\_\_\_ Receiving Disability Benefits \_\_\_\_\_

**NATURE OF DEATH**

1. If active, was the deceased on duty at the time of his or her death? Yes [ ] No [ ]
2. Cause of death (please attach copy of death certificate): \_\_\_\_\_
3. Was an official inquiry as to the cause of death made? Yes [ ] No [ ]  
If yes, one copy of the verdict of finding, duly certified, must be attached to this application.
4. Did the deceased die as a result of sickness, accident, or injury incurred in or resulting from the performance of an act of duty or from the cumulative effects of acts of duty as set forth in Section 4-114(i) of the Illinois Pension Code (40 ILCS 5/4-114(i))? Yes [ ] No [ ]
5. Was the deceased under physician's care at any time during the last twelve (12) months?  
Yes [ ] No [ ] If yes, please give the name, address and phone number of the physician(s):  
 Name of Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**DEPENDENTS OF DECEASED**

Are there any dependent (natural or adopted) children or parents that are entitled to pension benefits from this Fund? Yes [ ] No [ ]

Are there any children that have been conceived but not yet born? Yes [ ] No [ ]

If yes, please indicate the expected date of birth: \_\_\_\_\_

Are there any dependent (natural or adopted) children who are over the age of 18 and are dependent by reason of a physical or mental disability? Yes [ ] No [ ]

If yes, please list the names, dates of birth, place of birth, and indicate in the case of children whether the children are natural or adopted. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Also attach copies of birth certificates and/or adoption papers, duly certified. If the child is dependent by reason of a physical or mental disability, please attach a certified copy of the court's order adjudicating the child as a disabled person pursuant to Article XIa of the Probate Act of 1975 (755 ILCS 5/11a-1 *et seq.*).

| NAME | DATE OF BIRTH | PLACE OF BIRTH | Last Four Digits of SSN SOCIAL SECURITY NO. | RELATIONSHIP | NATURAL or ADOPTED | DEPENDENT by DISABILITIES (YES/NO) |
|------|---------------|----------------|---|--------------|--------------------|------------------------------------|
|      |               |                |   |              |                    |                                    |
|      |               |                |   |              |                    |                                    |
|      |               |                |   |              |                    |                                    |

I certify that the above information and statements are true and correct to the best of my ability.

Applicant or Legal Representative: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

SUBSCRIBED and SWORN to before me  
 this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

**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 Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
 FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
 President

By: \_\_\_\_\_  
 Secretary

FORM 24

PARK RIDGE FIREFIGHTERS' PENSION FUND  
PHYSICIAN'S CERTIFICATION OF DISABILITY

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*Please attach your narrative report that addresses the answers to the following questions to this form.*

I have examined \_\_\_\_\_, an applicant for disability pension benefits with the Park Ridge Firefighters' Pension Fund, and evaluated his or her medical condition pursuant to his or her job description with the City of Park Ridge Fire Department and the Park Ridge Fire Department's physical fitness test on (date of examination) \_\_\_\_\_, and I respond to the following questions in my attached narrative report.

Based upon your examination of the applicant and review of the records:

1. Is the applicant disabled to a point that he or she is not able to perform his or her duties as a firefighter and/or paramedic pursuant to the job description of the City of Park Ridge Fire Department and Park Ridge Fire Department physical fitness test?

Yes [ ] No [ ] Unsure [ ]

If "yes," please specifically state the medical condition(s) which have disabled the applicant and prevent him or her from performing his or her duties:

- 
2. Is it medically possible that the applicant's disability is a result of sickness, accident or injury incurred in or resulting from the performance of an act of duty or from the cumulative effects of acts of duty?

Yes [ ] No [ ] Unsure [ ]

If "yes," please specify the exact sickness, accident or injury which disabled the applicant:

- 
3. The Illinois Pension Code defines "permanent disability" as any physical or mental disability that (a) can be expected to result in death, (b) has lasted a continuous period of not less than 12 months, or (c) can be expected to last for a continuous period of not less than 12 months (40 ILCS 5/4-105b). Based on this definition, is the applicant's disability "permanent"?

Yes [ ] No [ ]

Signature of Physician: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

FORM 25

PARK RIDGE FIREFIGHTERS' PENSION FUND  
PHYSICIAN'S CERTIFICATION OF DISABILITY FOR OCCUPATIONAL DISEASE

*Please attach your narrative report that addresses the answers to the following questions to this form.*

I have examined \_\_\_\_\_,  
an applicant for disability pension benefits with the Park Ridge Firefighters' Pension Fund, and evaluated his or her medical condition pursuant to his or her job description with the City of Park Ridge Fire Department and the Park Ridge Fire Department's physical fitness test on (date of examination) \_\_\_\_\_ and I respond to the following questions in my attached narrative report.

Based upon your examination of the applicant and review of the medical records:

1. Is the applicant disabled to a point that he or she is not able to perform his or her duties as a firefighter and/or paramedic pursuant to the job descriptions of the Park Ridge Fire Department and Park Ridge Fire Department physical fitness test?

Yes [ ] No [ ]

2. Is the applicant's disability in the form of (a) heart disease, (b) stroke, (c) tuberculosis, (d) any disease of the lungs or respiratory tract, or (e) a type of cancer which may be caused by exposure to heat, radiation, or a known carcinogen as defined by the International Agency for Research on Cancer?

Yes [ ] No [ ]

If yes, please specify the nature of the disability: \_\_\_\_\_

3. Did the applicant suffer from the impairment at the time of hire? Yes [ ] No [ ]
4. During the period of his or her employment with the fire department, was the applicant at any time free of the impairment? Yes [ ] No [ ]
5. Is the occupational disease disability resulting from service as a firefighter and/or paramedic? Yes [ ] No [ ]
6. If the disability is cancer, did it manifest itself during a period when the firefighter and/or paramedic was in the service of the fire department and arise as a result of service as a firefighter and/or paramedic? Yes [ ] No [ ] Not Applicable [ ]

Signature of Physician: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## FORM 26

### PARK RIDGE FIREFIGHTERS' PENSION FUND QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS (QILDROs) INFORMATION FOR MEMBERS IN DIVORCE PROCEEDINGS

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Below is a summary of the basic information that members of the Park Ridge Firefighters' Pension Fund, attorneys, and spouses involved in divorce proceedings will need to submit Qualified Illinois Domestic Relations Orders. The information contained herein shall serve only as a guide and does not impose any obligation on the Fund not imposed by law. Note that the Fund and its Board members, attorneys or staff will not provide legal, financial or other professional advice to members, their spouses, or their attorneys.

#### Obtaining information to prepare a QILDRO:

The Fund will provide information to a member by written request or to a third party (current and former spouses, and attorneys) by subpoena. Within forty-five (45) days after receiving a subpoena from any party to a proceeding in which a QILDRO may be issued, or after receiving a request from the member, the Fund shall provide the following information:

- A statement of a firefighter's accumulated contributions, accrued benefits, and other interest in the Fund based on the data on file with the Fund on the date the subpoena is received;
- Any relevant procedures, rules, or modifications to the model QILDRO forms that have been adopted by the Fund.

In no event shall the Fund be required to furnish to any person an actuarial opinion as to the present value of the firefighter's benefits or other interests. Furthermore, the Fund, its Board members, attorneys or staff will not provide any legal, financial or other professional advice regarding the preparation of QILDROs or accompanying forms or calculations.

#### Submitting a valid QILDRO:

Each Qualified Illinois Domestic Relations Order (QILDRO) submitted to the Park Ridge Firefighters' Pension Fund must comply with the requirements of 40 ILCS 4/1-119. To help ensure you are submitting a valid QILDRO, please review the following information prior to submitting a QILDRO to the Fund:

- The order must be in the form adopted by the Park Ridge Firefighters' Pension Fund (see **Form 27**). Any alterations to the form will invalidate the order.
- Each QILDRO submitted to the Fund must be accompanied by a \$50.00 processing fee, payable to the Park Ridge Firefighters' Pension Fund.
- The order submitted to the Fund must be a certified copy of the original.
- If the order applies to a firefighter who became a member of the Park Ridge Firefighters' Pension Fund before July 1, 1999, an original "Consent of Issuance of QILDRO" must accompany it, signed by the firefighter (see **Form 28**).
- If the QILDRO indicates that the alternate payee is to receive a percentage of any Fund benefit, the calculations required shall be provided to the Fund via a QILDRO Calculation Court Order (see **Form 29**).
- The effective date of the order must be on or after July 1, 1999.

FORM 27

PARK RIDGE FIREFIGHTERS' PENSION FUND  
QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDER

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT  
\_\_\_\_\_ COUNTY, ILLINOIS

)  
) No. \_\_\_\_\_  
)

PARK RIDGE FIREFIGHTERS' PENSION FUND  
QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDER

THIS CAUSE coming before the Court for the purpose of the entry of a Qualified Illinois Domestic Relations Order under the provisions of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), the Court having jurisdiction over the parties and the subject matter hereof; the Court finding that one of the parties to this proceeding is a member of the Park Ridge Firefighters' Pension Fund subject to Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), this Order is entered to implement a division of that party's interest in the Park Ridge Firefighters' Pension Fund; and the Court being fully advised;

IT IS HEREBY ORDERED AS FOLLOWS:

- I. The definitions and provisions of Section 1-119 of the Illinois Pension Code are adopted by reference and made a part of this Order.
- II. Identification of Retirement System and parties:

**Retirement System:** Park Ridge Firefighters' Pension Fund  
901 West Devon  
Park Ridge, IL 60068

**Participant:** \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
(Last Four Digits of SSN Social Security Number)

**Alternate Payee:** \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
(Last Four Digits of SSN Social Security Number)

The alternate payee is the participant's (check one): \_\_\_\_\_ current or former spouse  
\_\_\_\_\_ child or other dependent

- III. The Park Ridge Firefighters' Pension Fund shall pay the indicated amounts of the firefighter's retirement benefits to the alternate payee under the following terms and conditions:

(A) The Park Ridge Firefighters' Pension Fund shall pay the alternate payee pursuant to one of the following methods:

- (1) \$ \_\_\_\_\_ per month; or
- (2) \_\_\_\_\_% per month of the marital portion of said benefit with the marital portion defined using the formula in Section IX; or
- (3) \_\_\_\_\_% per month of the gross amount of said benefit calculated as of the date the \_\_\_\_\_ firefighter's/\_\_\_\_\_ alternate payee's [check one] benefit commences [check alternate payee only if the alternate payee will commence benefits after the firefighter commences benefits, e.g. if the firefighter is receiving retirement benefits at the time this Order is entered].

(B) If the firefighter's retirement benefit has already commenced, payments to the alternate payee shall commence either [check/complete the ONE option that applies]:

- (1) \_\_\_\_\_ as soon as administratively possible upon this order being received and accepted by the Park Ridge Firefighters' Pension Fund; or
- (2) \_\_\_\_\_ on the date of \_\_\_\_\_ [enter any benefit date that will occur at least 30 days after the date the Park Ridge Firefighters' Pension Fund receives a valid QILDRO, but ONLY if payment to the alternate payee is to be delayed to some future date; otherwise check item (1) above].

(C) If the firefighter's retirement benefit has not yet commenced, payments to the alternate payee shall commence as of the date the firefighter's retirement benefit commences.

(D) Payments to the alternate payee under this Section III shall terminate [check/complete the ONE option that applies]:

- (1) \_\_\_\_\_ upon the death of the firefighter or the death of the alternate payee, whichever is the first to occur; or
- (2) \_\_\_\_\_ after \_\_\_\_\_ payments are made to the alternate payee [enter any set number] or upon the death of the firefighter or the death of the alternate payee, whichever is the first to occur.

IV. If the firefighter's retirement benefits are subject to annual post-retirement increases, the alternate payee's share of said benefits \_\_\_\_\_ shall/\_\_\_\_\_ shall not [check one] be recalculated or increased annually to include a proportionate share of the applicable annual increases.

V. The Park Ridge Firefighters' Pension Fund shall pay to the alternate payee the indicated amounts of any refund upon termination or any lump sum retirement benefit that becomes payable to the firefighter, under the following terms and conditions:

(A) The Park Ridge Firefighters' Pension Fund shall pay the alternate payee pursuant to one of the following methods [complete the ONE option that applies]:

- (1) \$ \_\_\_\_\_ [enter amount]; or
- (2) \_\_\_\_\_% [enter percentage] of the marital portion of the refund or lump sum retirement benefit, with the marital portion defined using the formula in Section IX; or
- (3) \_\_\_\_\_% [enter percentage] of the gross amount of the refund or lump sum retirement benefit, calculated when the firefighter's refund or lump sum retirement benefit is paid.

- (B) The amount payable to an alternate payee under Section V(A)(2) or V(A)(3) shall include any applicable interest that would otherwise be payable to the firefighter under the rules of the Park Ridge Firefighters' Pension Fund.
  - (C) The alternate payee's share of the refund or lump sum retirement benefit under this Section V shall be paid when the firefighter's refund or lump sum retirement benefit is paid.
- VI. The Park Ridge Firefighters' Pension Fund shall pay to the alternate payee the indicated amounts of any partial refund that becomes payable to the firefighter under the following terms and conditions:
- (A) The Park Ridge Firefighters' Pension Fund shall pay the alternate payee pursuant to one of the following methods [complete the ONE option that applies]:
    - (1) \$ \_\_\_\_\_ [enter amount]; or
    - (2) \_\_\_\_\_% [enter percentage] of the marital portion of said benefit, with the marital portion defined using the formula in Section IX; or
    - (3) \_\_\_\_\_% [enter percentage] of the gross amount of the benefit calculated when the firefighter's refund is paid.
  - (B) The amount payable to an alternate payee under Section VI (A)(2) or VI(A)(3) shall include any applicable interest that would otherwise be payable to the firefighter under the rules of the Park Ridge Firefighters' Pension Fund.
  - (C) The alternate payee's share of the refund under this Section VI shall be paid when the firefighter's refund is paid.
- VII. The Park Ridge Firefighters' Pension Fund shall pay to the alternate payee the indicated amounts of any death benefits that become payable to the firefighter's death benefit beneficiaries or estate under the following terms and conditions:
- (A) To the extent and only to the extent required to effectuate this Section VII, the alternate payee shall be designated as and considered to be a beneficiary of the firefighter at the time of the firefighter's death and shall receive [complete ONE of the following options]:
    - (1) \$ \_\_\_\_\_ [enter amount]; or
    - (2) \_\_\_\_\_% [enter percentage] of the marital portion of death benefits, with the marital portion defined using the formula in Section IX; or
    - (3) \_\_\_\_\_% [enter percentage] of the gross amount of death benefits calculated when said benefits become payable.
  - (B) The amount payable to an alternate payee under Section VII(A)(2) or VII(A)(3) shall include any applicable interest payable to the death benefit beneficiaries under the rules of the Park Ridge Firefighters' Pension Fund.
  - (C) The alternate payee's share of death benefits under this Section VII shall be paid as soon as administratively possible after the firefighter's death.

VIII. If this Order indicates that the alternate payee is to receive a percentage of any retirement benefit or refund, upon receipt of the information required to be provided by the Park Ridge Firefighters' Pension Fund under Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), the calculations required shall be performed by the firefighter, by the alternate payee, or by their designated representatives or designated experts. The results of the calculations shall be provided to the Park Ridge Firefighters' Pension Fund via a QILDRO Calculation Court Order in accordance with Section 1-119 of the Illinois Pension Code.

IX. Marital Portion Benefit Calculation Formula (Option to calculate benefit in items III(A)(2), VI(A)(2), and VII(A)(2) above). If in the Section "other" is circled in the definition of A, B, or C, then a supplemental order must be entered simultaneously with this QILDRO clarifying the intent of the parties or the Court as to that item. The supplemental order cannot require the Park Ridge Firefighters' Pension Fund to take any action not permitted under Illinois law or the Park Ridge Firefighters' Pension Fund's administrative rules. To the extent that the supplemental order does not conform to Illinois law or the Park Ridge Firefighters' Pension Fund's administrative rules, it shall not be binding on the Fund.

(1) The amount of the alternate payee's benefit shall be the result of  $(A/B) \times C \times D$  where:

"A" equals the number of months of \_\_\_\_\_ regular/ \_\_\_\_\_ regular plus permissive/ \_\_\_\_\_ other [check only one] service that the firefighter accumulated in the Park Ridge Firefighters' Pension Fund from the date of marriage \_\_\_\_\_ [enter date MM/DD/YYYY] to the date of divorce \_\_\_\_\_ [enter date MM/DD/YYYY]. This number of months of service shall be calculated as whole months after receipt of information required from the Park Ridge Firefighters' Pension Fund pursuant to Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).

"B" equals the number of months of \_\_\_\_\_ regular/ \_\_\_\_\_ regular plus permissive/ \_\_\_\_\_ other [check only one] service that the firefighter accumulated in the Park Ridge Firefighters' Pension Fund from the time of initial membership in the Fund through the firefighter's effective date of retirement. The number of months shall be calculated as whole months after receipt of information required from the Park Ridge Firefighters' Pension Fund pursuant to Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).

"C" equals the gross amount of:

- (i) the firefighter's monthly retirement benefit (Section III(A)) calculated as of the firefighter's effective date of retirement, \_\_\_ including/ \_\_\_ not including/ \_\_\_ other [check only one] permissive service, upgrades purchased, and other benefit formula enhancements;
- (ii) the firefighter's refund payable upon termination or lump sum retirement benefit that becomes payable, including any payable interest (Section V(A)) calculated as of the time said refund becomes payable to the firefighter;
- (iii) the firefighter's partial refund, including any payable interest (Section VII(A)) calculated as of the time said partial refund becomes payable to the firefighter; or
- (iv) the death benefit payable to the firefighter's death benefit beneficiaries or estate, including any payable interest (Section VII(A)) calculated as of the time said benefit becomes payable to the firefighter's beneficiary;

whichever are applicable pursuant to Section III, V, VI, or VII of this Order. These gross amounts shall be provided by the Park Ridge Firefighters' Pension Fund pursuant to Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).

"D" equals the percentage noted in Section III(A)(2), V(A)(2), VI(A)(2), or VII(A)(2), whichever are applicable.

- (2) The alternate payee's benefit under this Section IX shall be paid in accordance with all Sections of this Order that apply.
- X. In accordance with subsection (j) of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), so long as this QILDRO is in effect, the firefighter may not elect a form of payment of the retirement benefit that has the effect of diminishing the amount of the payment to which the alternate payee is entitled, unless the alternate payee has consented to the election in writing, the consent has been notarized, and the consent has been filed with the Park Ridge Firefighters' Pension Fund.
- XI. If the firefighter began participating in the Park Ridge Firefighters' Pension Fund before July 1, 1999, this Order shall not take effect unless accompanied by the written consent of the firefighter as required under subsection (m) of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).
- XII. The Court retains jurisdiction over this matter for all of the following purposes:
- (1) To establish or maintain this Order as a Qualified Illinois Domestic Relations Order.
  - (2) To enter amended QILDROs and QILDRO Calculation Court Orders to conform to the parties' Marital Settlement Agreement or Agreement for Legal Separation ("Agreement"), to the parties' Judgment for Dissolution of Marriage or Judgment for Legal Separation ("Judgment"), to any modifications of the parties' Agreement or Judgment, or to any supplemental orders entered to clarify the parties' Agreement or Judgment.
  - (3) To enter supplemental orders to clarify the intent of the parties or the Court regarding the benefits allocated herein in accordance with the parties' Agreement or Judgment, with any modifications of the parties' Agreement or Judgment, or with any supplemental orders entered to clarify the parties' Agreement or Judgment. A supplemental order may not require the Park Ridge Firefighters' Pension Fund to take any action not permitted under Illinois law or the Fund's administrative rules. To the extent that the supplemental order does not conform to Illinois law or administrative rule, it shall not be binding upon the Park Ridge Firefighters' Pension Fund.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
[Judge's Signature]

FORM 28

PARK RIDGE FIREFIGHTERS' PENSION FUND  
CONSENT TO ISSUANCE OF QILDRO

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_, COUNTY, ILLINOIS

)  
)                    No. \_\_\_\_\_  
)

CONSENT TO ISSUANCE OF QILDRO

Participant's Name: \_\_\_\_\_

Participant's Last Four Digits of SSN Social Security Number: \_\_\_\_\_  
\_\_\_\_\_

Alternate Payee's Name: \_\_\_\_\_

Alternate Payee's Last Four Digits of SSN Social Security Number: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, a participant of the Park Ridge Firefighters' Pension Fund, hereby irrevocably consent to the issuance of a Qualified Illinois Domestic Relations Order. I understand that under the Order, certain benefits that would otherwise be payable to me, or to my death benefit beneficiaries or estate, will instead be payable to \_\_\_\_\_. I also understand that my right to elect certain forms of payment of my retirement benefit or participant's refund may be limited as a result of the Order.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

FORM 29

PARK RIDGE FIREFIGHTERS' PENSION FUND  
QILDRO CALCULATION COURT ORDER

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT  
\_\_\_\_\_ COUNTY, ILLINOIS

)  
) No. \_\_\_\_\_  
)

PARK RIDGE FIREFIGHTERS' PENSION FUND  
QILDRO CALCULATION COURT ORDER

THIS CAUSE coming before the Court for the purpose of the entry of a QILDRO Calculation Court Order under the provisions of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), the Court having jurisdiction over the parties and the subject matter hereof; the Court finding that a QILDRO has previously been entered in this matter, that the QILDRO has been received and accepted by the Park Ridge Firefighters' Pension Fund, and that the QILDRO requires percentage calculations to allocate the alternate payee's share of the firefighter's benefit or refund, the Court not having found that the QILDRO has become void or invalid, and the Court being fully advised;

IT IS HEREBY ORDERED AS FOLLOWS:

- (1) The definitions and other provisions of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119) are adopted by reference and made a part of this Order.
- (2) Identification of Retirement System and parties:

**Retirement System:** Park Ridge Firefighters' Pension Fund  
901 West Devon  
Park Ridge, IL 60068

**Participant:**  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
(Last Four Digits of SSN Social Security Number)

**Alternate Payee:**  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
(Last Four Digits of SSN Social Security Number)

The alternate payee is the participant's (check one): \_\_\_\_\_ current or former spouse  
\_\_\_\_\_ child or other dependent

(3) The following shall apply if and only if the QILDRO allocated benefits to the alternate payee in the specific Section noted. The Park Ridge Firefighters' Pension Fund shall pay the amounts as directed below, but only if and when the benefits are payable pursuant to the QILDRO and Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119). Parties shall see QILDRO Section IX for the definitions of A, B, C and D as used below.

(a) The alternate payee's benefit pursuant to QILDRO Section III(A)(2) shall be calculated pursuant to Section IX of the QILDRO and paid as follows:

$$\left( \frac{\text{[Enter A]}}{\text{[Enter B]}} \right) \times \text{[Enter C]} \times \text{[Enter D]} = \text{[Monthly Amount]}$$

(b) The alternate payee's benefit pursuant to QILDRO Section V(A)(2) shall be calculated pursuant to Section IX of the QILDRO and paid as follows:

$$\left( \frac{\text{[Enter A]}}{\text{[Enter B]}} \right) \times \text{[Enter C]} \times \text{[Enter D]} = \text{[Monthly Amount]}$$

(c) The alternate payee's benefit pursuant to QILDRO Section VI(A)(2) shall be calculated pursuant to Section IX of the QILDRO and paid as follows:

$$\left( \frac{\text{[Enter A]}}{\text{[Enter B]}} \right) \times \text{[Enter C]} \times \text{[Enter D]} = \text{[Monthly Amount]}$$

(d) The alternate payee's benefit pursuant to QILDRO Section VII(A)(2) shall be calculated pursuant to Section IX of the QILDRO and paid as follows:

$$\left( \frac{\text{[Enter A]}}{\text{[Enter B]}} \right) \times \text{[Enter C]} \times \text{[Enter D]} = \text{[Monthly Amount]}$$

The Park Ridge Firefighters' Pension Fund's sole obligation with respect to the equations in this paragraph (3) is to pay the amounts indicated as the result of the equations. The Fund shall have no obligation to review or verify the equations or to assist in the calculations used to determine such amounts.

(4) The following shall apply only if the QILDRO allocated benefits to the alternate payee in the specific Section noted. The Park Ridge Firefighters' Pension Fund shall pay the amounts as directed below, but only if and when the benefits are payable pursuant to the QILDRO and Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).

(a) The alternate payee's benefit pursuant to QILDRO Section III(A)(3) shall be calculated and paid as follows:

$$\frac{\text{_____}}{\text{[Gross Benefit Amount]}} \times \frac{\text{_____}}{\text{[Percentage]}} = \frac{\text{_____}}{\text{[Monthly Amount]}}$$

(b) The alternate payee's benefit pursuant to QILDRO Section V(A)(3) shall be calculated and paid as follows:

$$\frac{\text{_____}}{\text{[Gross Benefit Amount]}} \times \frac{\text{_____}}{\text{[Percentage]}} = \frac{\text{_____}}{\text{[Monthly Amount]}}$$

(c) The alternate payee's benefit pursuant to QILDRO Section VI(A)(3) shall be calculated and paid as follows:

$$\frac{\text{_____}}{\text{[Gross Benefit Amount]}} \times \frac{\text{_____}}{\text{[Percentage]}} = \frac{\text{_____}}{\text{[Monthly Amount]}}$$

(d) The alternate payee's benefit pursuant to QILDRO Section VII(A)(3) shall be calculated and paid as follows:

$$\frac{\text{_____}}{\text{[Gross Benefit Amount]}} \times \frac{\text{_____}}{\text{[Percentage]}} = \frac{\text{_____}}{\text{[Monthly Amount]}}$$

The Park Ridge Firefighters' Pension Fund's sole obligation with respect to the equations in this paragraph (4) is to pay the amounts indicated as the result of the equations. The Fund shall have no obligation to review or verify the equations or to assist in the calculations used to determine such amounts.

(5) The Court retains jurisdiction over this matter for the following purposes:

- (1) To establish or maintain this Order as a QILDRO Calculation Court Order.
- (2) To enter amended QILDROs and QILDRO Calculation Court Orders to conform to the parties' QILDRO, Marital Settlement Agreement or Agreement for Legal Separation ("Agreement"), to the parties' Judgment for Dissolution of Marriage or Judgment for Legal Separation ("Judgment"), to any modifications of the parties' QILDRO, Agreement, or Judgment, or to any supplemental orders entered to clarify the parties' QILDRO, Agreement, or Judgment.
- (3) To enter supplemental orders to clarify the intent of the parties or the Court regarding the benefits allocated herein in accordance with the parties' Agreement or Judgment, with any modifications of the parties' Agreement or Judgment, or with any supplemental orders entered to clarify the parties' Agreement or Judgment. A supplemental order may not require the Park Ridge Firefighters' Pension Fund to take any action not permitted under Illinois law or the Fund's administrative rules. To the extent that the supplemental order does not conform to Illinois law or administrative rule, it shall not be binding upon the Park Ridge Firefighters' Pension Fund.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
[Judge's Signature]

FORM 30

PARK RIDGE FIREFIGHTERS' PENSION FUND  
QILDRO VERIFICATION CHECKLIST

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FOR INTERNAL USE ONLY

I. Generally - the QILDRO must conform to each of the following:

- Is the order must be accompanied by a \$50.00 processing fee, payable to the Park Ridge Firefighters' Pension Fund? (40 ILCS 5/1-119(d)(3))
- If the order applies to a firefighter who became a member of the Park Ridge Firefighters' Pension Fund before July 1, 1999, is it accompanied by an original "Consent of Issuance of QILDRO," signed by the firefighter? (see Form 28) (40 ILCS 5/1-119(m)(1))
- Is the order must a certified copy of the original? (40 ILCS 5/1-119(d)(1))
- Was the order issued by an Illinois court of competent jurisdiction in a proceeding for declaration of invalidity of marriage, legal separation, or dissolution of marriage that provides for support or the distribution of property, or any proceeding to amend or enforce such support or property distribution?
- Does the order contain the name, mailing address, and Last Four Digits of SSN Social Security-number-of the firefighter?
- Does the order contain the name, residence address, and Last Four Digits of SSN Social Security-number-of the alternate payee?
- Does the order identify the Park Ridge Firefighters' Pension Fund as the retirement system to which it is directed?
- Does the order identify the court that issued it?
- Does the order specify either the dollar amount or percentage of the benefit and/or refund payable to the alternate payee?
- If the QILDRO indicates that the alternate payee is to receive a percentage of any Fund benefit, are the required calculations provided to the Fund via a QILDRO Calculation Court Order?
- Does the order apply only to benefits that are statutorily subject to QILDROs?
- Is the order in the form adopted by the Park Ridge Firefighters' Pension Fund?
- Is the effective date of the order on or after July 1, 1999?

**II. Deficiencies that may be "cured"** - The following minor deficiencies may be cured within sixty (60) days:

- The order is not accompanied by a \$50.00 processing fee payable to the Park Ridge Firefighters' Pension Fund, or the check does not clear.
- The order is not a certified copy of the original.
- The order omits the mailing address or last four digits of SSN~~Social-Security-number~~ of the firefighter or alternate payee.
- The order contains an inaccurate last four digits of SSN ~~Social-Security-number~~ of the firefighter or alternate payee.
- The order contains a misspelled name of the firefighter or alternate payee.
- Any other deficiency deemed by the Park Ridge Firefighters' Pension Fund to be of a minor nature.
- The order applies to a firefighter who became a Park Ridge Firefighters' Pension Fund member before July 1, 1999, and is not accompanied by an original valid "Consent to Issuance of QILDRO" signed by the firefighter.
- The order specifies a percentage of the benefit and/or refund payable to the alternate payee and is not accompanied by a valid QILDRO Calculation Court Order.

**III. Deficiencies that cannot be "cured"** - All other deficiencies will invalidate the order and cannot be cured during the cure period. An order that has one or more of the following deficiencies is invalid:

- The order is not issued by an Illinois court of competent jurisdiction.
- The order identifies a different retirement system.
- The order does not identify the court that issued it.
- The order does not specify the dollar amount or percentage of each benefit to be paid to the alternate payee.
- The order applies to a benefit that is not statutorily subject to QILDROs.
- The order is not in the form adopted by the Park Ridge Firefighters' Pension Fund.
- The effective date of the order is prior to July 1, 1999.

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Received by \_\_\_\_\_

on \_\_\_\_\_  
(date)

Signature \_\_\_\_\_

FORM 31

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR TERMINATION OF DISABILITY BENEFITS

\_\_\_\_\_ 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).

Date of original receipt of disability pension from the Fund: \_\_\_\_\_

Date of application for termination of disability pension: \_\_\_\_\_

The nature of my current disability pension is (please check one):

\_\_\_\_\_ Line of Duty (40 ILCS 5/4-110)

\_\_\_\_\_ Not in the Line of Duty (40 ILCS 5/4-111)

\_\_\_\_\_ Occupational Disease (40 ILCS 5/4-110.1)

I have been examined by the following physicians in regards to this disability:

| <u>NAME</u> | <u>ADDRESS/PHONE</u> | <u>EXAMINATION DATE</u> |
|-------------|----------------------|-------------------------|
| _____       | _____                | _____                   |
| _____       | _____                | _____                   |

(Please use a separate sheet if additional space is needed.)

Have you had a recent functional capacity evaluation? Yes [ ] No [ ] If yes, please list the name of the facility where you were tested and the date of the evaluation.

| <u>FACILITY</u> | <u>ADDRESS/PHONE</u> | <u>EVALUATION DATE</u> |
|-----------------|----------------------|------------------------|
| _____           | _____                | _____                  |
| _____           | _____                | _____                  |

I also hereby consent to the release of the following to the Board of Trustees of the Park Ridge Firefighters' Pension Fund and its attorneys: (1) any and all medical records prepared during the physical examination I was required to undergo for employment with the Park Ridge Fire Department or application with the Park Ridge Firefighters' Pension Fund; (2) any examination by the physician(s) or physical therapists I listed above; (3) any medical test results and any examination by any physician or physical therapist which is relevant to the application I am making; (4) any relevant employment records from the Park Ridge Fire Department or any employer I have listed above; and (5) any other additional relevant records from any source that may be relevant to this application. A photocopy of the authorization shall be as effective and valid as the original.

I also understand that I must complete and sign an Authorization for release of Medical Records (Form 14) which is attached to this application.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
~~Social Security Number~~ Last Four Digits of SSN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
**FOR BOARD USE ONLY**

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

\_\_\_\_\_  
Signature

The foregoing application for termination of a disability pension having been duly presented and considered by the Board of Trustees of the Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 32

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR ESTABLISHMENT OF CREDITABLE SERVICE  
AFTER RETURN TO ACTIVE SERVICE

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Date of this application: \_\_\_\_\_

Date of original appointment \_\_\_\_\_

Date of original receipt of disability pension from the Fund: \_\_\_\_\_

Date of termination of disability pension: \_\_\_\_\_

Date of return to active service: \_\_\_\_\_

Under Section 4-108(c)(7) of the Illinois Pension Code (40 ILCS 5/4-108(c)(7)), a firefighter may establish creditable service for a period of up to three (3) years of time during which the firefighter received a disability pension.

Amount of creditable service time to be established: \_\_\_\_\_ years \_\_\_\_\_ months

Dates of applicable time frame for which service credit is being established:

\_\_\_\_\_ to \_\_\_\_\_

Amount of time you have been on active service since the termination of pension benefits. Note that you must have returned to active service after the disability for a period at least equal to the period for which credit is to be established.

\_\_\_\_\_ years \_\_\_\_\_ months

Salary upon which the disability pension was based: \_\_\_\_\_

Your contributions may be paid at any time prior to commencement of a retirement pension. Contributions shall include interest at the rate of 6% per year, compounded annually, from the date for which service credit is being established to the date of payment.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Last Four Digits of SSN Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
E-mail Address

---

**FOR BOARD USE ONLY**

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

\_\_\_\_\_  
Signature

Amount of contributions due: \_\_\_\_\_

Applicable Interest (6%): \_\_\_\_\_

Total: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

The foregoing application for establishment of creditable service after return to active service having been duly presented and considered by the Board of Trustees of the Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE  
PARK RIDGE FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 33

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR CONVERSION OF DISABILITY PENSION TO RETIREMENT PENSION

*Please attach a copy of your request for retirement.*

\_\_\_\_\_ 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).

Date of application for retirement pension from the Fund: \_\_\_\_\_, \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_, I was granted a \_\_\_\_\_ (indicate line of duty, occupational, or non-duty) disability pension by the Board of Trustees of the Park Ridge Firefighters' Pension Fund. I have been receiving a disability pension for \_\_\_\_\_ year(s), \_\_\_\_\_ month(s), and \_\_\_\_\_ day(s).

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): \_\_\_\_\_

I hereby elect to convert my disability pension to a retirement pension pursuant to Section 4-113 of the Illinois Pension Code (40 ILCS 5/4-113).

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Last Four Digits of SSN Social Security Number

\_\_\_\_\_ Print Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, and Zip Code

\_\_\_\_\_ E-mail 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 Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 34

PARK RIDGE FIREFIGHTERS' PENSION FUND  
CREDITABLE SERVICE CLAIM FORM AND AFFIDAVIT

*If you wish to claim creditable service from another Article 4 firefighter pension fund please complete and submit this form.*

Name: \_\_\_\_\_

**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? Yes [ ] No [ ] Note that any firefighter hired on or after July 1, 2004, must, within 21 months of being hired, notify the following of his or her intent to combine creditable service from multiple Article 4 pension funds: (1) the Fund, (2) the City, (3) all previous fire departments or fire protection districts at which he or she was employed and a member of an Article 4 pension fund, and Illinois Department of Insurance. Also note that if you are seeking to combine creditable service from multiple Article 4 pension funds, you are authorizing the additional pension contribution of one percent (1%) of your salary pursuant to Section 4-118.1(c) of the Illinois Pension Code (40 ILCS 5/4-118.1(c)). 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? Yes [ ] No [ ]

If yes, please indicate the amount of refund (gross): \_\_\_\_\_ and date of refund: \_\_\_\_\_

If you had received a refund, have you repaid the refund with interest as provided in Section 4-109.3 of the Illinois Pension Code (40 ILCS 5/4-109.3)? Yes [ ] No [ ] If yes, please indicate which funds and whether you paid in a lump sum or pursuant to an installment arrangement:  
\_\_\_\_\_

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 seek a refund of contributions? Yes [ ] No [ ]

If yes, please indicate the amount of refund (gross): \_\_\_\_\_

Date of refund: \_\_\_\_\_

If you had received a refund, have you repaid the refund with interest as provided in Section 4-109.3 of the Illinois Pension Code (40 ILCS 5/4-109.3)? Yes [ ] No [ ] If yes, please indicate which funds and whether you paid in a lump sum or pursuant to an installment arrangement:

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Last Four Digits of SSN Social Security Number

\_\_\_\_\_

Print Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, and Zip Code

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Phone Number

***If you are seeking to combine creditable service, you hereby authorize the additional pension contribution of one percent (1%) of your salary pursuant to Section 4-118.1(c) of the Illinois Pension Code (40 ILCS 5/4-118.1(c)).***

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

**APPLICANT'S AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn on oath, state  
(Name)

that the information set forth in my Park Ridge Firefighters' Pension Fund Creditable Service Claim Form is true and correct. I understand that any misrepresentation, falsification, or material omission may result in my application no longer being considered by the Fund, or disciplinary action, up to and including discharge.

Subscribed and Sworn to  
before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Last Four Digits of SSN Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

**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 Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_ day of \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 35

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR REPAYMENT OF REFUND

\_\_\_\_\_ 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: \_\_\_\_\_

Current Fire Protection District/Department: \_\_\_\_\_

Date of Hire in the Park Ridge Fire Department: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Membership in Park Ridge FPF: \_\_\_\_\_ years, \_\_\_\_\_ months

Have you received any disability pension payments? Yes [ ] No [ ]

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): \_\_\_\_\_

**REPAYMENT OF REFUND**

On \_\_\_\_\_, I received a refund from the Fund of \$\_\_\_\_\_. Pursuant to Section 4-109.3(g) of the Illinois Pension Code (40 ILCS 5/4-109.3(g)), I wish to reinstate creditable service that was previously terminated upon receipt of the refund.

I understand I must repay the refund together with interest thereon at the rate of 6% per year, compounded annually, from the date of the refund to the date of payment.

I understand that this repayment may be made in equal installments over a period of up to ten (10) years, but must be paid in full prior to retirement.

Do you wish to combine your creditable service with the Fire Department with a new fire department or fire protection district's Article 4 pension fund? Yes [ ] No [ ]

If yes, you must pay the Park Ridge Firefighters' Pension Fund a contribution equal to one percent (1%) of monthly salary for each month of service credit that you have in this Fund, together with interest thereon at the rate of six percent (6%) per annum, compounded annually, from your first day of employment with the fire department or the last day of the fiscal year of the Fund that immediately precedes your first day of employment, whichever is earlier. The Fund will issue a statement of this required contribution to you. This contribution must be paid in full prior to any pension being paid to you.

I would like to make repayment via: \_\_\_\_\_ Lump sum \_\_\_\_\_ Installment plan

Please indicate the number of years, not to exceed ten (10) that you wish to make repayment:

\_\_\_\_\_

---

Date

---

Signature of Applicant

---

Last Four Digits of SSN ~~Social Security Number~~

---

Print Name

---

Address

---

City, State, and Zip Code

---

E-mail Address

---

Phone Number

**FOR BOARD USE ONLY**

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

**REPAYMENT OF ARTICLE 4 REFUND AND 1% CONTRIBUTION**

Amount of payment/repayment: \_\_\_\_\_

1% Contribution \_\_\_\_\_

Interest (rate of 6%): \_\_\_\_\_

Total Due: \_\_\_\_\_

Lump Sum Payment: Yes [ ] No [ ] If yes, date of payment: \_\_\_\_\_

Installment Plan (not to exceed ten (10) years): \_\_\_\_\_

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

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

FORM 36

PARK RIDGE FIREFIGHTERS' PENSION FUND  
NOTICE AND VERIFICATION OF REQUEST FOR CREDITABLE SERVICE

To the President of the \_\_\_\_\_ Firefighters' Pension Fund:

\_\_\_\_\_ has requested a creditable service transfer from your  
(Name of Firefighter)  
pension fund pursuant to Section 4-109.3 of the Illinois Pension Code for purposes of a pension with the Park Ridge Firefighters' Pension Fund. Please accept the form as notice of the firefighter's intention to purchase creditable service. Before the Fund awards this creditable service, we ask that you complete the following form which we will use to verify information supplied to us by the firefighter.

If you have any questions, please contact \_\_\_\_\_.

Thank you,

Board of Trustees  
Park Ridge Firefighters' Pension Fund

|  |                           |
|--|---------------------------|
| _____  | _____                     |
| Date   | Signature of Applicant    |
| _____  | _____                     |
| Last Four Digits of SSN Social Security Number | Print Name                |
| _____  | _____                     |
| Address  | City, State, and Zip Code |
| _____  | _____                     |
| E-mail Address                                 | Phone Number              |

**VERIFICATION BY PENSION FUND**

I, the undersigned, on behalf of \_\_\_\_\_, (hereinafter the "Pension Fund")  
(Article 4 firefighter pension fund)

\_\_\_\_\_  
(Address)

hereby certify that \_\_\_\_\_ was employed with the \_\_\_\_\_  
(Name of Firefighter) (Department/District)

as a full-time firefighter, assigned to duty as \_\_\_\_\_. He or she received his or her  
(rank)

probationary appointment on \_\_\_\_\_. His or her regular appointment was on \_\_\_\_\_.  
He or she became a member of the Fund on \_\_\_\_\_. He or she performed as a firefighter and a member for a period of \_\_\_\_\_ year(s) \_\_\_\_\_ month(s), and \_\_\_\_\_

\_\_\_\_\_ day(s). His/her annual salary at the time of termination was \$ \_\_\_\_\_. He or she \_\_\_did/  
\_\_\_\_\_did not receive a refund of his or her pension contributions. If he or she received a refund, the  
refund \_has/ \_\_\_\_\_ has not been repaid with interest as provided in Section 4-109.3 of the Illinois  
Pension Code. Please indicate the terms of any installment repayment agreement: \_\_\_\_\_  
\_\_\_\_\_

Signed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

FORM 37

PARK RIDGE FIREFIGHTERS' PENSION FUND  
APPLICATION FOR RETIREMENT BENEFITS – FORMER EMPLOYEE

*Please attach a copy of your retirement request to your current employer and a copy of your application for retirement benefits from your current pension fund.*

\_\_\_\_\_ 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: \_\_\_\_\_

Currently employed by (indicate name of Fire Department/Fire Protection District) \_\_\_\_\_

I have applied for retirement benefits from \_\_\_\_\_  
(name of current pension fund)

I was a member of the Park Ridge Fire Department assigned to duty as \_\_\_\_\_  
(rank)

I received my appointment on \_\_\_\_\_.

I was approved for membership in the Park Ridge Firefighters' Pension Fund on \_\_\_\_\_.

I am \_\_\_\_\_ years of age and performed fire duty, as a member of the Park Ridge Fire Department for a period of \_\_\_\_\_ year(s), \_\_\_\_\_ month(s), and \_\_\_\_\_ day(s).

I hereby make application for retirement pension from the Park Ridge 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): \_\_\_\_\_

Are you seeking to apply creditable service from the Park Ridge Firefighters' Pension Fund to another Article 4 pension fund in obtaining your retirement benefits? Yes [ ] No [ ] If yes, please provide the following :

Fire Protection District/Fire Department: \_\_\_\_\_

Pension Fund Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Membership in Fund: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Last Four Digits of SSN Social Security Number \_\_\_\_\_ Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
E-mail 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 Park Ridge Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE PARK RIDGE  
FIREFIGHTERS' PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary

