

**DES PLAINES FIREFIGHTERS' PENSION FUND  
CHANGE OF DATA/RECORDS**

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

**TYPE OF CHANGE**

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

**ADDRESS**

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

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

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

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

**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)	SOCIAL SECURITY NUMBER	RELATIONSHIP	NATURAL or ADOPTED	DEPENDENT BY DISABILITY? (YES/NO)

**MARRIAGE/SPOUSE** (Please attach copy of marriage certificate, death certificate or divorce decree)

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Spouse's Maiden Name (if applicable): \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Date of Death: \_\_\_\_\_

Spouse's Place of Birth: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_ Spouse's Social Security No.: \_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature of Member

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Address

\_\_\_\_\_

Date

\_\_\_\_\_

Phone

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

Participant's Birth Certificate	
Spouse's Birth Certificate	
Child/Children's Birth Certificate(s)	
Marriage Certificate(s)	
Civil Union Decree(s)	
Divorce Decree(s)/Marital Settlement Agreement(s)	
QILDRO, QILDRO Consent, QILDRO Calc Order(s)	
U.S. Military Service Records and/or Discharge Paperwork	
Dependent Parent Records Establishing Disability & Financial Dependency	
Dependent Child (over 18) Records Establishing Disability & Financial Dependency	
Certified Copy/Copies of Children's Adoption Orders	
Copy of Will/Trust/Estate paperwork (identifying heirs/beneficiaries)	
Written requests for reciprocity (to combine service time with prior Article 4 Fund or IMRF time)	
Fitness for Duty Evaluation(s)	