

**DES PLAINES FIREFIGHTERS' PENSION FUND
APPLICATION FOR COVERSION OF DISABILITY PENSION TO RETIREMENT PENSION**

PENSIONER NAME: _____

DATE OF HIRE: _____

EFFECTIVE DATE OF DISABILITY: _____

I AM CURRENTLY RECEIVING A

- _____ LINE OF DUTY DISABILITY PENSION
- _____ NON-DUTY DISABILITY PENSION
- _____ OCCUPATIONAL DISEASE DISABILITY PENSION

RANK AS OF DATE OF DISABILITY: _____

DATE OF BIRTH: _____

* * *

THROUGHOUT MY EMPLOYMENT TENURE WITH THE CITY OF DES PLAINES FIRE DEPARTMENT I _____ INCURRED/_____ DID NOT INCUR UNPAID BREAKS IN SERVICE WHICH WOULD NOT COUNT AS CREDITABLE SERVICE FOR PENSION PURPOSES. (THESE WOULD INCLUDE FURLOUGHS/LEAVES OF ABSENCE WITHOUT PAY/SUSPENSIONS/ETC. TO WHICH NO PENSION CONTRIBUTIONS WERE PAID INTO THE DES PLAINES FIREFIGHTERS' PENSION FUND).

PLEASE LIST ALL UNPAID BREAKS IN SERVICE WHICH YOU DID NOT ACCUMULATE CREDITABLE SERVICE (PAY INTO THE PENSION FUND FULL CONTRIBUTIONS):

DATE RANGE

REASON FOR BREAK

* * *

I _____, HEREBY REQUEST TO CONVERT MY DISABILITY PENSION TO A RETIREMENT PENSION PURSUANT TO 40 ILCS 5/4-113 OF THE ILLINOIS PENSION CODE.
_____ (INITIAL)

I UNDERSTAND THAT IN ACCORDANCE WITH THIS APPLICATION/REQUEST I WILL BE REQUIRED TO FILL OUT SUPPLEMENTARY MATERIALS RELATING TO MY REQUEST AND AM WILLING TO COOPERATE THE PENSION BOARD WITH RESPECT TO THE SAME.
_____ (INITIAL)

I UNDERSTAND THAT THE BOARD OF TRUSTEES OF THE CITY OF DES PLAINES FIREFIGHTERS' PENSION FUND MUST FORMALLY VOTE TO APPROVE MY CONVERSION REQUEST AT A FORMAL MEETING AT A LATER DATE AND TIME TO BE DETERMINED BY THE PENSION BOARD.
_____ (INITIAL)

DATE

SIGNATURE OF PENSIONER/APPLICANT

SOCIAL SECURITY NUMBER

PRINT NAME

ADDRESS

E-MAIL ADDRESS

DAY TIME PHONE NUMBER

FOR BOARD USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

SIGNATURE: _____