

FORM 24

ROLLING MEADOWS FIREFIGHTERS' PENSION FUND  
APPLICATION FOR RETIREMENT BENEFITS

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

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

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

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

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

Date of regular appointment: \_\_\_\_\_, \_\_\_\_\_.

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

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

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

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

**PREVIOUS ARTICLE 4 PENSION FUND PARTICIPATION**

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

**Fire Protection District/Fire Department:** \_\_\_\_\_

Pension Fund Contact Person: \_\_\_\_\_

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

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

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Dates of Membership in Fund: \_\_\_\_\_, years \_\_\_\_\_ months

Ending annual salary with Fire Protection District/Department: \_\_\_\_\_

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

**Fire Protection District/Fire Department:** \_\_\_\_\_

Pension Fund Contact Person: \_\_\_\_\_

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

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

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Dates of Membership in Fund: \_\_\_\_\_, years \_\_\_\_\_ months

Ending annual salary with Fire Protection District/Department: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

**IMRF PARTICIPATION**

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

Yes [ ] No [ ]

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

Yes [ ] No [ ]

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Last Four Digits of SSN

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

\_\_\_\_\_  
Address

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

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

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

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

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

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

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