

# APPLICATION FOR DISABILITY

## \_\_\_\_\_ Police/Fire Pension Fund

I \_\_\_\_\_ am making application for a duty / non-duty (circle one) disability pension benefit from the \_\_\_\_\_ police/fire Pension Fund. I am now a member of the \_\_\_\_\_ police/fire pension fund and I am currently assigned to duty as a \_\_\_\_\_. I was hired on \_\_\_\_\_ and I have been a member of the department for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, and \_\_\_\_\_ days. I was born on \_\_\_\_\_ and am \_\_\_\_\_ years old. I am currently, not married \_\_\_\_\_ / married to - \_\_\_\_\_ date of birth \_\_\_\_\_ and I have the following children:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

I believe that I am unable to perform my duties as a police officer/fireman for the following reason:

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

I am being treated or have been diagnosed by:

Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I further give authorization to the \_\_\_\_\_ Police/Fire Pension Board to obtain medical information from any physician who has examined or treated me.

I further agree to submit myself to any medical examinations requested by the board for the purpose of determining whether I am disabled and whether the disability was a duty related disability.

\_\_\_\_\_ the undersigned having read the above stated facts swears and affirms the statement to be true and correct.

\_\_\_\_\_  
Petitioner

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State of Illinois )  
 )ss  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, after having been first been put under oath do hereby state that the facts contained in the above application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Petitioner

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

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