

PARK EMPLOYEES' ANNUITY & BENEFIT FUND of CHICAGO

55 East Monroe Street, Suite 2720 * Chicago, IL 60603

Tel. # (312) 553-9265 * Fax # (312) 553-9114

www.chicagoparkpension.org

The Retirement Board of the Park Employees' Annuity and Benefit Fund in forwarding this form does so solely at the request of the parties asking for it, neither admitting liability of the Fund nor waiving any rights in the premises, and without indicating what action it may take if the form is completed and submitted.

APPLICATION FOR CHILD'S ANNUITY

***Please note that the child's annuity, if eligible, will terminate upon the child reaching age 18 or upon marriage or civil union.**

Date: _____

Deceased Employee Information

1. Full name of deceased employee: _____

2. Last legal address of employee: _____

3. Social Security Number: _____

4. Date and Place of Birth: _____
Please provide a copy of the birth certificate.

| | | |
|---------|-------|--------|
| (month) | (day) | (year) |
|---------|-------|--------|

5. When did the deceased begin working for the Chicago Park District? _____

6. What was the last date the deceased worked for the Chicago Park District? _____

7. Did the deceased have service with any other Illinois Public Retirement System or the United States Federal Government? _____

8. Where and when did deceased die? Please provide a copy of the death certificate.

| | | |
|---------|-------|--------|
| (month) | (day) | (year) |
|---------|-------|--------|

Did the deceased employee die as a result of an injury on duty? _____

Was the deceased receiving an annuity from the Fund, or did death occur while in service? _____

Child's Information

9. Full name of child: _____

10. Legal address of child: _____

11. Home telephone number: _____

12. Social Security Number: _____

13. Date and Place of Birth: _____
Please provide a copy of the birth certificate.

| | | |
|---------|-------|--------|
| (month) | (day) | (year) |
|---------|-------|--------|

14. Please indicate the deceased employee's relationship to this child: _____

Child's Information (continued)

- 15. Does the child's other parent survive? If so, please state the name of the child's living parent. Yes No
- 16. Is the child married or in a civil union? Yes No

Parent or Guardian's Information

- 17. Name of person completing this application: _____
- 18. Legal address: _____

- 19. Home telephone number: _____
- 20. Social Security Number: _____
- 21. Please indicate if you are the parent or legal guardian of this child and state whether you are providing support for the child. If you are not listed on the child's birth certificate, please provide records establishing that you are the child's legal guardian. _____
- 22. If you are not the child's parent or legal guardian, please describe your relationship to the child. Please state the name, address, and telephone number or the child's legal guardian. _____
- 23. Please indicate that you agree that, by signing this application, you will notify the Fund when the child reaches age 18, dies, or marries or enters into a civil union, and that you agree to repay any amounts overpaid due to your failure to notify the Fund when any one of these conditions occurs. Yes No

OATH

I hereby certify that the above information is correct to the best of my knowledge and belief.

Parent or Guardian's Signature _____ Date _____

THIS FORM MUST BE NOTARIZED

ACKNOWLEDGEMENT BEFORE A NOTARY PUBLIC

State of: _____
County of: _____

On this _____ day of _____, year _____, before me personally appeared _____ known to me to be the individual named in and who executed the foregoing instrument, and who, being by me duly sworn, did acknowledge that, he [] she [] executed this Authorization as his [] her [] free voluntary act.

(Notary Stamp)

Notary Public