

# PARK EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

3500 S. Morgan Street, Suite 400

Chicago, Illinois 60609

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

www.chicagoparkpension.org

Office No. \_\_\_\_\_

## MEMBERSHIP RECORD

This form is a permanent record, so please see that it is delivered in good condition. Please type or print legibly using ink.

Please be careful to answer all questions correctly. Do not guess at dates. Keep in mind that the information in this form will be used to determine your benefits from the Fund and the benefits for your family.

**Any changes in status, such as change of address, marriage or remarriage, divorce, birth of children, death of spouse or any other changes, must be reported to the Fund in writing, including the date the change(s) occurred. All such information is kept strictly confidential. Please note that for all purposes, the term "spouse" shall refer to marriage spouse and civil union spouse and the term "divorce" shall refer to dissolution of a marriage and a civil union.**

It is suggested that you retain a copy of the Membership Record for your personal files. Please return original to the Fund office.

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1. Name in full: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)
2. Check Sex: Male   
Female
3. Address: \_\_\_\_\_  
(Street No. / P.O. Box No.) (City) (State) (Zip Code)
4. Social Security Number: \_\_\_\_\_ 5. E-mail Address: \_\_\_\_\_
6. Tel. Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_
7. Provide the following information regarding your employment in the Chicago Park District (the "Parks").
- a). Date of initial employment: \_\_\_\_\_ Position \_\_\_\_\_  
(Month) (Day) (Year)
- Park or Area at which employment began: \_\_\_\_\_
- b). Place of employment at present time: \_\_\_\_\_ { if unchanged from
- Present Position: \_\_\_\_\_ { 7a, write "same" in areas.

8. Have you been employed by any other governmental unit(s)?

Yes  No  If "YES", please give name of governmental unit(s) and period of employment.

State of Illinois \_\_\_\_\_  
Period of Time

City of Chicago \_\_\_\_\_  
Specify Unit(s) Period of Time

Other County or Local Unit \_\_\_\_\_  
Specify Unit(s) Period of Time

Federal  Military Service \_\_\_\_\_  
Period of Service

Agency \_\_\_\_\_  
Specify Unit(s)

PERSONAL INFORMATION:

9. Date of Birth: \_\_\_\_\_ (Month) (Day) (Year) Place } City \_\_\_\_\_  
of } County \_\_\_\_\_  
Birth } State \_\_\_\_\_  
} Country \_\_\_\_\_

Note: You must give the correct date of your birth if you wish to receive the proper benefits from this Fund. DO NOT GUESS AT THE DATE. Consult the appropriate record which will give you the correct date.

10. Have you a written or printed record showing your date of birth, such as birth certificate, family record, insurance policy, etc.?

Yes  No  If "YES", please describe (i.e. birth certificate, school record, etc.):

\_\_\_\_\_

MARITAL/CIVIL UNION STATUS: (This information should reflect status at time of employment if this is the initial membership record).

11. a). At date of employment:  SINGLE  MARRIED/CIVIL UNION  DIVORCED  WIDOWED  
b). Present Status  SINGLE  MARRIED/CIVIL UNION  DIVORCED  WIDOWED

If a spousal change has occurred, please complete:  
If a death  or divorce  has occurred, please check which applies.

Date: \_\_\_\_\_ (of death or divorce) Previous Spouse's Full Name \_\_\_\_\_

12. Full name of present spouse: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

13. Birthdate of Present Spouse: \_\_\_\_\_ (Month) (Day) (Year) Birthplace } City \_\_\_\_\_  
of } County \_\_\_\_\_  
Spouse } State \_\_\_\_\_  
} Country \_\_\_\_\_

Note: Be sure this date is correct because it will affect the annuity rights of your spouse.

14. Have you a written or printed record showing the date of birth of your spouse, such as birth certificate, family record, insurance policy, etc.?:

Yes  No  If "YES", please describe.

15. Date of Marriage or Civil Union \_\_\_\_\_  
(Month) (Day) (Year)

Place of Marriage } City \_\_\_\_\_  
 } County \_\_\_\_\_  
 } State \_\_\_\_\_  
 } Country \_\_\_\_\_

**SUBSEQUENT INFORMATION**

(Please leave blank --- To be filled in accordance with future events).

Marriage or Civil Union - Name of Spouse: \_\_\_\_\_

Death of Spouse - Date: \_\_\_\_\_  
 Name: \_\_\_\_\_

Divorced - Date: \_\_\_\_\_  
 Name: \_\_\_\_\_

In order for the Fund to update your marital/civil union status, the following is needed: marriage certificate, civil union certificate and spouse's birth record; certified copy of death certificate; divorce decree (1<sup>st</sup> page and last page) containing court stamp, signature and dates.

16. **DEPENDENT INFORMATION** – Give below the names, dates and places of birth of your children:

| Name  | Date of Birth | Place of Birth | If Child is Adopted<br>Give Date of Legal Adoption |
|-------|---------------|----------------|--|
| _____ | _____         | _____          | _____  |
| _____ | _____         | _____          | _____  |
| _____ | _____         | _____          | _____  |
| _____ | _____         | _____          | _____  |
| _____ | _____         | _____          | _____  |
| _____ | _____         | _____          | _____  |
| _____ | _____         | _____          | _____  |

## EMPLOYEE CERTIFICATION

**DESIGNATION OF BENEFICIARY:** Under the law, an employee has the right to name a beneficiary who is to receive a refund of employee contributions to the Fund and the Single Sum Death Benefit upon the employee's death.

No such designation, however, can be recognized if the employee leaves a surviving spouse.

Any employee who desires to file a designation of beneficiary form to receive a refund of employee contributions and death benefit in the event the employee does not leave a surviving spouse, must request the appropriate form from the Fund.

**I HEREBY CERTIFY** that the answers to the foregoing questions numbered 1 to 15, inclusive, are true and correct to the best of my knowledge, information and belief.

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Witness to Signature

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Signature of Employee  
(Do Not Print)

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Address of Witness

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Date

## STATUTORY QUALIFICATION

From Illinois Pension Code, Article 12, Section 101 – “...**participation in the Fund by any person entering the service of the Board of Park Commissioners or the Retirement Board** shall be effective only upon completion of 6 months of continuous service, except that **beginning July 1, 1991**, this 6-month qualification period shall not apply **to any person employed in a position requiring service for 6 months or more in a calendar year who would be exempt from monetary participation in the Federal Social Security program by virtue of this participation in the Fund.**”

**NOTE:** Thus any person employed on a full-time or part-time basis (including seasonal) whose employment will or does exceed 6 months.