

# EUSTIS FIREFIGHTERS' PENSION FUND

## APPLICATION FOR PENSION/DISABILITY BENEFITS

PLEASE PRINT OR TYPE

**(Section I)**

- a. Name of Employee: \_\_\_\_\_  
(Last) (First) (MI)
- b. Social Security #: \_\_\_\_\_
- c. Date of Birth: \_\_\_\_\_ (Attach Proof)  
Month - Day - Year
- d. Home Telephone #: \_\_\_\_\_  
(Area Code) Number
- e. Home Address: \_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code
- f. Permanent address to which check and/ or correspondence should be sent:  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code

**(Section II)**

- a. Are you currently married: Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, please complete the following:
- 1) Name of Spouse: \_\_\_\_\_  
(Last) (First) (MI)
- 2) Spouse's Social Security #: \_\_\_\_\_
- 3) Spouse's Date of Birth: \_\_\_\_\_ (Attach Proof)  
Month - Day - Year
- 4) Date of Marriage: \_\_\_\_\_ (Attach Proof)  
Month - Day - Year

5) Names and Dates of Birth of Child(ren):

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

(Attach Additional Page If Needed)

6) Names of Your Living Parents:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

**(Section III)**

a) Date of Hire by the City of Eustis, Florida: \_\_\_\_\_  
Month - Day - Year

b) I plan to retire on: \_\_\_\_\_  
Month - Day - Year

c) Type of retirement for which you are applying (check one):

- \_\_\_\_\_ Normal Retirement
- \_\_\_\_\_ Early Retirement
- \_\_\_\_\_ Line-of-Duty Disability
- \_\_\_\_\_ Non-Line-of-Duty Disability

**(Section IV)**

If you are applying for a disability retirement, please complete the following:

a) Date disability commenced: \_\_\_\_\_  
Month - Day - Year

b) Nature and cause of disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Did your disability result from any of the following:

YES

NO

1) Use of drugs, intoxicants or narcotics?

\_\_\_\_\_

\_\_\_\_\_

2) Due to fight, riot, civil insurrection or crime?

\_\_\_\_\_

\_\_\_\_\_

3) From an injury or disease sustained while you were serving in the armed forces?

\_\_\_\_\_

\_\_\_\_\_

4) After your employment with the City of Eustis?

\_\_\_\_\_

\_\_\_\_\_

5) While working for anyone other than the City of Eustis and rising out of such employment?

\_\_\_\_\_

\_\_\_\_\_

d) A copy of your doctor's medical opinion is attached.

e) Please list any doctor's that have treated you within the last five years and their address, phone number and fax number on a separate sheet of paper.

**NOTE:** If you are applying for a disability benefit, records must be filed to show that the disability is total and permanent. If application is made for a line-of-duty disability, copies of workers' compensation records must also be filed to show that the disability occurred in the line-of-duty. Also, the Board of Trustees may require you to be examined by a doctor selected by the Board.

Please return to: Eustis Firefighters' Pension Fund  
c/o The Resource Centers, LLC  
4360 Northlake Blvd, Suite 206  
Palm Beach Gardens, FL 33410

### Acknowledgments

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

I have reviewed the Designation of Beneficiary Form filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary(ies), I will file a new Designation of Beneficiary Form with this Application.

I hereby authorize the release of any and all medical records including but not limited to the complete 'history records in possession of all doctors listed below concerning my illness and/or treatment. A copy of this document will be treated in the same manner and have the same effect as an original.

I hereby waive my right of confidentiality of my medical records and other medical evidence in order that my application for disability benefits may be properly processed. I understand that in so doing, such records will be discussed during one or more public meetings and will become public record. I understand that the Board(s) will rely upon this waiver and that I. will not be able to withdraw same at a later date.

I agree to cooperate fully with the Board of Trustees of the Eustis Firefighters' Pension Fund in making available to the Board, or authorized agents of the Board, information which reasonably relates to the initial payment of or continuing eligibility for payment of benefits from the Fund.

I hereby agree to indemnify and hold harmless the City of Eustis and the Pension Plan from and against any and all claims, demands, or causes of action of any kind or nature resulting from or in connection with the City of Eustis' release of the results of the undersigned's annual physical to the Pension Plan and from and against any resulting losses, Costs, expenses, reasonable attorneys' fees, liabilities, damages, orders, judgments, or decrees in connection therewith.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, A.D.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
At Large

My Commission Expires:

My Commission Number Is: