CITY OF MIAMI SPRINGS POLICE & FIREFIGHTERS' RETIREMENT SYSTEM APPLICATION FOR PENSION OR DISABILITY BENEFIT

PLEASE PRINT OR TYPE:

Name of Emplo	(last)	(first)	(middle)
Social Security	` /		
Date of Birth:_		Date Employed:	
Last Departmer	nt You Worked For:		
Home Telephor	ne Number: ()	
Home Address:	(address and street)		
	(city, state, zip code)		
Dormonant Add		nondanca Chauld Da Cant (i	f different):
Permanent Add	iess to which Corres	pondence Should Be Sent (i	i different):
Ara you current	ely marriad · Vac	No	
•	tly married: Yes		for your beneficiary.)
(If yes, complet	te the following for yo	our spouse. If no, complete	for your beneficiary.)
(If yes, complet	e/Beneficiary:	our spouse. If no, complete	
(If yes, complete Name of Spous	e/Beneficiary:(last)	our spouse. If no, complete	(middle)
(If yes, complete Name of Spous Social Security	e/Beneficiary:(last)	our spouse. If no, complete (first)	(middle)
(If yes, complete Name of Spous Social Security Date of Birth:	e/Beneficiary:(last) Number:	our spouse. If no, complete (first)	(middle)
(If yes, complete Name of Spous Social Security	e/Beneficiary:(last) Number:	our spouse. If no, complete (first)	(middle)
(If yes, complete Name of Spous Social Security Date of Birth:Contingent Bendary	e the following for your development of the following following for your development of the following following for your development of the following follow	our spouse. If no, complete (first)	(middle)
(If yes, complete Name of Spous Social Security Date of Birth:_ Contingent Bench Name & Relation	e the following for your e/Beneficiary: (last) Number: eficiary: onship:	Date of Marriage:	(middle)
(If yes, complete Name of Spous Social Security Date of Birth:_ Contingent Bench Name & Relation Social Security	e the following for your e/Beneficiary: (last) Number: eficiary: onship: Number:	Date of Marriage:	(middle)

4.	Type of Retirement For Which You Are Applying (check one):		
	Normal Retire	ment	
	Early Retireme	ent	
	Service Incurre	ed Disability	
	Non-Service In	ncurred Disability	
	Deferred Veste	ed Termination	
5.	I plan to retire on:		
	If you are applying for a Disability Benefit:		
a.	Date disability commenced:		
b.	Nature and cause of disability:		
c.	Did your disability result from any of the following:		
	YES NO		
	armed forces? (5) After your emplo	vil insurrection? committing a crime? r disease sustained while you were serving in the syment with the City terminated? or someone other than the City and arising out	
NOTE: Records must be filed, including copies of a doctor's opinion, medical records and other documentation to show that the disability is total and permanent, and if application is made for a service incurred disability, copies of workers' compensation records and other documentation must also be filed show the disability occurred while performing service-related duties. Also, the Board of Trustees may require you to be examined by a doctor selected by the Board.			
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. This application revokes any prior applications.			
(Witnes	ss' Signature)	(Employee's Signature)	
		Date:	