

TEQUESTA GENERAL EMPLOYEE PENSION FUND

APPLICATION FOR PENSION BENEFITS

PLEASE PRINT OR TYPE:

1. a. Name of Employee: _____
- b. Social Security Number*: _____

***In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.**

- c. Date of Birth: _____ (Attach copy of birth certificate or other proof)
- d. Home Telephone Number: _____ (Include area code)
- Additional Phone Number: _____ (Include area code)
- e. Home Address: _____
- _____
- f. Permanent mailing address to which check and correspondence should be sent: _____
- _____

2. a. Are you currently married? Yes ____ No ____

If yes, please complete the following:

- b. Name of Spouse: _____
- c. Spouse's Social Security Number*: _____

***In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.**

- d. Spouse's Date of Birth: _____ (Attach birth certificate or other proof)
- e. Date of Marriage: _____ (Attach copy of certificate of marriage)

3. Names and Dates of Birth of Child(ren):

(Attach copies of birth certificate(s) or other proof for each child listed)

Name	Date of Birth
_____	_____
_____	_____
_____	_____

(Attach additional page, if needed)

4. Names of Your Living Parents:

a. Mother: _____

b. Father: _____

5. a. Date of hire by the Village as a General Employee: _____

b. Current Position within the Village: _____

6. I plan to retire on: _____ (Date)

7. Type of retirement for which you are applying:

_____ Normal Retirement

_____ Deferred Retirement Option Plan

_____ Early Retirement

_____ Line-of-Duty Disability

_____ Non-Line-of-Duty Disability

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

a. Date disability commenced: _____

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 a fight, riot, civil
insurrection or crime?

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

(4) After your employment with
the Village terminated?

(5) While working for anyone
other than the Village and
arising out of such employment?

d. A copy of my doctor's medical
opinion is attached:

9. Plan Information: Have you purchased time under a Buyback Policy?

YES _____

NO _____

If you answered yes, when did you purchase this time and how many years of
service did you purchase? _____

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.

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 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.

This Application revokes any prior Applications.

**THIS DOCUMENT MUST BE NOTARIZED WHICH REQUIRES
THAT YOU SIGN IT IN THE PRESENCE OF A NOTARY PUBLIC
WHO WILL THEN NOTARIZE THE DOCUMENT.**

EMPLOYEE'S SIGNATURE

DATE

STATE OF FLORIDA
COUNTY OF _____

SWORN TO (or affirmed) and subscribed before me, this _____ day of
_____, 2____ by _____
(Please print name of employee)

Please check one: Employee is: _____ Personally known to me; **OR**
_____ Produced Identification

Type of Identification Produced: _____

Notary Signature

Printed Name of Notary*

****In accordance with the provisions of Florida
Statutes, §117.04(4)(i), below the signature, the
name of notary must be printed, typed or stamped.
The Notary seal must be affixed to the side of the
signature or below the printed name.***

BSJ/ka
November 19, 2009
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