

CITY OF ATLANTA

Employees Pension Fund

2187 Northlake Parkway

Suite 106, Building #9

Tucker, GA 30084

Tel: 770-934-3953 Fax: 770-939-6940

APPLICATION FOR RETIREMENT

NORMAL _____

REDUCED MONTHLY _____

EARLY _____

DISABILITY _____ (In line of Duty)

_____ (Not in line of Duty)

All Disability retirements must complete the appropriate forms for “in the line of duty or not in the line of duty” upon your request.

Name of Employee _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Date of Birth _____ Date employed with City of Atlanta _____

Last Day of Work _____ Department _____

Has service been continuous? Yes ___ No ___ If no, explain _____

Have you ever had a break in employment due to Military Service? If so, did you buy back any service within the required 2 years of returning back to work? ___ Yes ___ No

If you elected the beneficiary option, please list the following beneficiary(s):

Name _____ Social Security # _____ Date of Birth _____ Relationship _____

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I hereby certify that the above facts are true and correct and the effective date of my retirement is: _____.

Sworn to and subscribed before me

This the _____ day of _____, 2008

Notary

Applicant’s Signature

If you request "Disability Retirement" please answer the following questions:

Date last worked: _____

Date injury or illness began: _____

Date of first treatment for your present disability by a Physician: _____

Name and address of Physician: _____

If injured, state how: _____

First date you were unable to perform your regular duties : _____

Are you willing to submit to an examination by a Physician selected by the Retirement Board?
Yes _____ No _____

If your Disability Retirement benefit is approved, do you agree to:

- a. If requested, be re-examined by the Board's Physician Yes _____ No _____
- b. Inform the Board immediately, if you are no longer disabled? Yes _____ No _____
- c. Immediately inform the Board, if you secure any type of Employment and the amount of money you received? Yes _____ No _____
- d. If requested, grant authority the Board to examine your Federal Income Tax Returns?
Yes _____ No _____

Applicant Signature

Date