

BOARD OF FIRE AND POLICE PENSION COMMISSIONERS
CITY OF LOS ANGELES

APPLICATION FOR PENSION BENEFITS

Applicant Name: _____

Other Names Used: _____

SSN: _____

Date of Birth: _____

Address: _____

City/State/Zip Code: _____ Telephone: () _____

Department: _____

Present Rank _____

Date of Hire: _____ Pension Plan: Tier 2 _____ Tier 3 _____ Tier 4 _____ Tier 5 _____

Type of Pension Requested: Service _____ Disability _____ DROP _____

Effective Date of Service Pension: _____

Dependent Information

SPOUSE/DOMESTIC PARTNER	DATE OF MARRIAGE OR FILING OF DOMESTIC PARTNER AFFIDAVIT	DATE OF BIRTH	SSN
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CHILDREN	DATE B PLACE OF BIRTH	SSN
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Unmarried B Under 18/22* Years

*Tier 3, Tier 4, and Tier 5 Minor Children remain eligible for pension benefits up to age 22 if full time students.
Disabled children may be eligible for continued benefit.

I declare under penalty of perjury that all of the foregoing is true and correct.

Signature _____

Date Signed: _____

Department of Fire and Police Pensions Use Only: Application Filed: _____

Original Date of Appointment/Plan Membership: _____

Aggregate Years of Service: _____