City of Delray Beach Police, Firefighters & Paramedics Retiree Benefit Fund
Submit via Secure Document Upload or USPS mail: Anchor Benefit Consulting, Inc. | PO Box 945260 | Maitland, FL 32794 |

2025 APPLICATION FOR BENEFITS

RETIREE PERSONAL INFORMATION (This section must be completed.)

_____ _____ _____ _____ _____
Last Name MI First Name Gender Social Security Number

____/_____/_____ _____ ___/_____/_____ ____/_____/_____ _(_____)_____
Date of Birth (mm/dd/yyyy) Age Date of Hire Last Date of Employment Area Code and Phone Number

_____ _____ _____ _____
Mailing Address ☐Check here if new address City State Zip Code

_____ _____
E-mail Address ☐Check here if new e-mail address Department

You can list dependents on the Dependent Information Sheet

PENSION INFORMATION

Are you receiving a benefit from the Delray Beach Police and Fire Retirement system? ☐ Yes ☐ No

HEALTH INSURANCE INFORMATION (This section is only required if requesting a lump sum disbursement.)

If you are applying for a lump sum disbursement for the period of **1/1/2025 – 12/31/2025**, this section must be completed**.** If you do not have health insurance or other eligible plan, you will receive a benefit card instead of a check.

IMPORTANT: IN ORDER TO BE ELIGIBLE TO RECEIVE A LUMP SUM BENEFIT, YOU MUST ATTACH TO THIS APPLICATION A COPY OF YOUR CURRENT HEALTH INSURANCE CARD AND MOST RECENT MONTHLY PREMIUM STATEMENT, OR OTHER PROOF OF YOUR CURRENT HEALTH INSURANCE PREMIUMS.

Please indicate your expected annual insurance premiums $_____.

I HEREBY CERTIFY THAT THE HEALTH INSURANCE PREMIUM AMOUNT SUBMITTED ON THIS APPLICATION IS AN ACCURATE STATEMENT OF MY UNREIMBURSED HEALTH INSURANCE PREMIUM EXPENSES FOR THE UPCOMING YEAR (1) THE SUBMITTED PREMIUM AMOUNT IS NOT REIMBURSABLE FROM ANY OTHER SOURCE AND (2) THE SUBMITTED INSURANCE PREMIUMS ARE NOT PAID BY AN EMPLOYER AND ARE NOT A PRE-TAX DEDUCTION THROUGH A SECTION 125 CAFETERIA PLAN.

_____ _____
Signature of Retiree **Date**

Whether you are applying for a lump sum or a benefit card, the Affidavit of Continued Eligibility on the back side of this form must be completed and notarized.

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2025 AFFIDAVIT OF CONTINUED ELIGIBILITY

AFFIDAVIT OF CONTINUED ELIGIBILITY

This affidavit is executed this _____ day of _____ 20_____ by _____
Retiree Name

HEALTH INSURANCE INFORMATION

Confirming that I have health insurance coverage with the following company:
☐ Benefit card in lieu of check. (*Only check box above if you want the benefit card with your entire benefit amount loaded.)*

_____ _(_____)_____
Name of Health Insurance Company — Area Code and Phone Number of Insurance Company

_____ _____ _____ _____
Mailing Address — City — State — Zip Code

_____ _____
Insurance Policy Number — Insurance Group Number

IMPORTANT: I have attached a copy of my current health insurance card and had this form notarized. This benefit must be used for the purchase of health insurance or other qualified medical expenses.

RETIREE CERTIFICATION (This section must be completed.)

I HEREBY CERTIFY THAT IN ORDER TO RECEIVE A BENEFIT FROM THE FUND (1) THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT, (2) THIS BENEFIT MUST BE USED FOR THE PURCHASE OF HEALTH INSURANCE OR OTHER QUALIFIED HEALTHCARE EXPENSES. NOTE, IRS REGULATIONS PROVIDE THAT INSURANCE PREMIUMS PAID BY AN EMPLOYER, OR PREMIUMS THAT ARE OR COULD BE DEDUCTED PRE-TAX THROUGH YOUR (OR YOUR SPOUSE'S) EMPLOYER'S SECTION 125 PLAN, ARE NOT ELIGIBLE FOR REIMBURSEMENT. NOTE, PREMIUMS ARE AUDITED EACH YEAR.

_____ _____
Signature of Retiree — **Date**

ACKNOWLEDGEMENT (This section must be notarized.)

State of _____, County of _____.

Before me, _____, personally appeared, known to me, or proved to me through description of an
Name
identification card or other document, to be the person whose name is shown on this form and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Type of identification produced _____.

Given under my hand and seal of office this _____ day of 20_____.

_____ _____
Notary Public's Signature — **Notary's Seal Stamp**