



West Palm Beach PBA Retiree Health Benefit Fund

Application for Retirement

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Date of Hire: _____

Last Day Work: _____ Date Eligible: _____

Retirement Type: (Initial One)

_____ **Normal Retirement:** I am retiring from the City of West Palm Beach with a normal retirement, or I am exiting the DROP.

_____ **Early Retirement:** I am retiring early from the City of West Palm Beach.

_____ **Disability Retirement** _____ **Non-Vested Termination** _____ **Vested Termination** _____ **Death**

I understand that the Board of Trustees for the West Palm Beach PBA Retiree Benefit Fund may increase or decrease the monthly benefit that I receive based on the actuarial condition of the Fund, subject to periodic review by the Trustees. Benefit payments will be made monthly, so long as proof of eligible expenses is submitted. If proof of eligible expenses is not submitted, then the monthly amount shall accumulate without interest until used or until benefits under the Plan of Benefits would otherwise terminate. I must submit proof of eligible expenses within 180 days of being incurred.

I hereby certify that the foregoing information is true and correct, and that the same is submitted for the purpose of documenting the change in my employment status at the City of West Palm Beach. I have reviewed my Beneficiary Designation and certify it as correct.

(Employee Signature)

(Date)

(Office Use Only – Received by Benefit Fund)

(Date)