



# Illinois Department of Insurance

**JB PRITZKER**  
Governor

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Acting Director

## NOTIFICATION OF INTENT TO RECEIVE BENEFITS

PROVIDED UNDER 40 ILCS 5/4-109.3; (EMPLOYEE CREDITABLE SERVICE/BENEFIT - RECIPROACITY)

**Instructions:**

This form may be used to fulfill the requirement to notify the Illinois Department of Insurance Public Pension Division (Division) of a firefighter’s intent to receive benefits provided under Section 4-109.3(h) of the Article 4 of the Pension Code.

**Fill out the form, sign and date, and submit to the Division and prior and current pension funds.**

**Current Pension Fund Information:**

Firefighter’s Full Name (Last, First Middle): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of Current Pension Fund: \_\_\_\_\_  
Years and Months of Service at Current Pension Fund: \_\_\_\_\_  
Date of Hire in the Current Pension Fund: \_\_\_\_\_  
Was notice sent to current pension fund? Yes  No  Date Sent: \_\_\_\_\_

**Prior Pension Fund Information (in order of earliest to latest):**

Name of Most Recent Pension Fund: \_\_\_\_\_  
Date of Hire in the Most Recent Pension Fund: \_\_\_\_\_  
Date of Termination in the Most Recent Pension Fund: \_\_\_\_\_  
Years and Months of Service at Pension Fund: \_\_\_\_\_  
Final Monthly Salary at Pension Fund: \_\_\_\_\_  
Was notice sent to prior pension fund? Yes  No  Date Sent: \_\_\_\_\_

If you have other creditable service in another Article 4 pension fund, include the information on a separate page and attach it to this notification.

**Disclaimer:**

This form serves only to notify the Division of intent and is not sufficient to receive creditable service benefits as provided under Article 4 of the Pension Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to: Illinois Department of Insurance, Public Pension Division, 122 South Michigan Ave., Chicago, Illinois 60603 or e-mail completed form to: [DOI.Pension@illinois.gov](mailto:DOI.Pension@illinois.gov)