

**THE RETIREMENT BOARD
of the
FIREMEN'S ANNUITY AND BENEFIT FUND
OF CHICAGO**

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(800) 782-7425

**THIS SPACE FOR
OFFICE USE ONLY**

File # _____

Company: _____

**REQUEST FOR PERMISSION TO RESIDE
OUTSIDE THE STATE OF ILLINOIS**

I, _____, currently receiving
Duty Disability/Occupational Disease Disability benefits, am requesting permission to reside out
of the State of Illinois as permitted under 40 ILCS, Act 5, Section 6-154 as follows:

**... Disability pension or disability benefit shall not be paid to any fireman while he
resides outside the State of Illinois, unless such residence is by permission of the Board.**

I understand that the Retirement Board ("Board") of the Firemen's Annuity and Benefit
Fund of Chicago ("Fund") has the authority to require further medical evaluation relating to my
continued disabled status. It is my responsibility to comply with the Board's requirements for
medical testing. Failure to do so may result in the suspension or termination of my disability
benefits.

In such event that the Board requires medical evaluation or testing, I understand that it is
my responsibility to return for such evaluation or testing and that I am responsible for my travel,
living and any incidental expenses incurred to comply with the Board's request.

I further understand that I must keep the Fund informed at all times as to my current
address and telephone number.

Please provide all information on the reverse side

Name: _____

File # _____

Current Address: _____

Current Phone Number: _____

Out of State Address: _____

Out of State Number: _____

Out of state address is unknown at this date.

Within 60 days of the date this form is submitted, I understand I must provide a current out of state address and that failure to do so may result in rescinding of the Board's consent for me to reside out of state.

Signature

Date

In those instances where the disabled member is unable to provide a permanent address at the time permission to reside out of state is requested, approval, if granted, will be for 60 day period. Such members must provide proof of the out of state residence within the 60 day period or the approval to reside out of state is automatically rescinded.