

**IMMEDIATE ACTION REQUIRED – RETURN BY October 01, 2019**

**EA**

To avoid having a delayed payment, please mail completed and notarized form to:  
**MEABF, 321 N. Clark Street Suite 700, Chicago, IL 60654. DO NOT FAX the form.**  
If you have any questions, please call 312-236-4700 press 2 or ask for Annuitant Services.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

If you have a change of address  
please write it on the lines above.

**Municipal Employees' Annuity and Benefit Fund of Chicago  
AFFIDAVIT - Continuing Benefit Eligibility**

This affidavit is executed under penalty of perjury of the laws of the United States and State of Illinois.

1. NAME is alive and receiving a benefit from MEABF.
2. Are you currently working for the City of Chicago or Board of Education? Please check one box only.
  - Yes. Check current employer: ( ) City of Chicago ( ) Board of Education
  - No

Note: Illinois Compiled Statutes, Chapter 40, Act 5/8-165 requires that an individual's pension must be cancelled if an annuitant returns to employer service and all monies received during this time period must be returned to MEABF. If you have returned to service in any capacity with the employer, whether or not pension deductions are being taken out of your paycheck, please notify MEABF immediately. Failure to do so could be determined to be filing a false statement or record with MEABF which requires MEABF to report you to the Cook County State's Attorney for possible investigation and criminal proceeding.

3. If your MEABF benefit is being directly deposited to a bank account, is there a joint holder of this account other than you?
  - Yes. If yes, provide joint account owner information:  
 Name of other joint account-holder: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address of joint-account holder: \_\_\_\_\_
  - No. I am the only owner of the account.
  - I receive a physical check.
4. My contact information: My Phone #: \_\_\_\_\_ My Email (optional): \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_ Contact person's phone #: \_\_\_\_\_

**Signature and Notary**

I certify, under penalty of perjury, that the information provided hereon is true and correct to the best of my knowledge. I understand that any person who willingly makes any false statement, or falsifies, or permits to be falsified, any record in an attempt to defraud MEABF is guilty of a Class 3 felony. A "statement" or "record" includes, but is not limited to, this Affidavit.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_  
Signed or attested before me on \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify under the penalty of perjury that this is true and correct.

Notary's Printed Name: \_\_\_\_\_ Commission expires: \_\_\_\_\_

(Notary Seal)

Notary's Signature: \_\_\_\_\_