

**NOTE: RULE 210 - INDEMNIFICATION  
ADDED AS OF 4/01/07**

# **CITY OF DES PLAINES POLICE PENSION BOARD**

## **REVISED RULES AND REGULATIONS EFFECTIVE DECEMBER 12, 2006**

**The Board of Trustees of the  
City of Des Plaines Police Pension Fund**

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**NICK CHIARO, Chairman and Beneficiary Member  
GASTON FREEMAN, Mayoral Appointee  
LARRY MARKS, Participant Member  
ROBERT MUEHLENBECK, Mayoral Appointee  
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**TABLE OF CONTENTS**

<b><u>CHAPTER</u></b>	<b><u>SECTION</u></b>	<b><u>CHAPTER TITLE</u></b>	<b><u>PAGE</u></b>
<b>1</b>		<b>DEFINITIONS AND TERMINOLOGY</b>	<b>1</b>
	101	Application	1
	102	The Board	1
	103	Beneficiary	1
	104	Child or Children	1
	105	Creditable Service	1
	106	The Fund	1
	107	Municipality	1
	109	Pension Code	1
<b>2</b>		<b>FUNCTIONAL RESPONSIBILITY AND AUTHORITY</b>	<b>2</b>
	201	Board Composition	2
	202	Conduct of Elections	2
	203	Board Meetings/Structure	3
	204	Conduct of Meetings	4
	205	Powers and Duties of Board	6
	206	Transfer of Service Credit	7
	207	Training and Educational Expenses	7
	208	Closed Session Recording Policy	7
	209	Freedom of Information Policy	8
	210	Indemnification	8
<b>3</b>		<b>MEMBERSHIPS AND BENEFITS</b>	<b>8</b>
	301	Individuals Covered	8
	302	Change in Family Status or Address	8
	303	Application Requirement	8
	304	Certificate of Disability	8
	305	Examination and Emergency Service	9
	306	Overpayments	10
	307	Inquiries and Requests	10
	308	Additional Requirements	10
	309	QILDROs	10
	310	Certificate of Continued Eligibility	11
	311	Direct Deposit of Benefits	11
<b>4</b>		<b>HEARINGS</b>	<b>12</b>
	401	Request for Hearing	12
	402	Request for Hearing to be Made to President	12
	402.1	Intervention	12
	403	Scheduling the Hearing	12
	404	Rights Prior to the Hearing	13
	405	Rights During the Hearing	13
	406	Record of Proceedings	13
	407	Decision of Board	13
	408	Filing of Administrative Record	14
	409	Deadlines	14
<b>5</b>		<b>INVESTMENTS</b>	<b>14</b>
	501	Investment Policy	14
	502	Proxies	14

**FORMS**

<b><u>FORM</u></b>	<b><u>TITLE</u></b>	<b><u>REFERENCE TO RULE</u></b>
1	Subpoena/Subpoena Duces Tecum (Original)	205.3
2	Subpoena/Subpoena Duces Tecum (Duplicate)	205.3
3	Ballot - Election of Trustee	202.1, 202.2
4	Notice of Special Election	202.6
5	Application for Retirement/Disability Pension	303, 304
6	Statement of Candidacy	202.3
7	Application for Membership	301
7B	Service Credit Earned	301
8	Application for Surviving Spouse's Pension	303
9	Application for Refund	303
10	Authorization for Use and Disclosure of Protected Health Information	----
11	Physician's Certificate of Disability	304.1
12	Request for Hearing/Miscellaneous Issue	401, 402
13	Request for Transfer of Service Credit	206
14	Election Regarding Plan Payments Contribution Refund	----
15	Request for Report of Contribution History	----
16	Request for Certified Statement of Accumulated Contributions, Accrued Benefits and Other Interests	309
17	Consent to Issuance of a QILDRO	309
17A	Statement of Financial Interest in Response to QILDRO for Payment of a Percentage of a (Before)Retirement Benefit to Alternative Payee	309
17B	Statement of Financial Interest in Response to QILDRO for Payment of a Percentage of (After) Retirement Benefit to Alternative Payee	309
17C	Consent of Alternative Payee to Retirement Benefit Election that Diminishes Payment to Alternate Payee	309
17D	Qualified Illinois Domestic Relations Order	309
17E	QILDRO Calculation Court Order	309
18	Annual Affidavit of Continued Eligibility	310
19	Change in Benefit Information Request	311
20	Electronic Attendance Request	204.4

**THE BOARD OF TRUSTEES OF THE CITY OF DES PLAINES, ILLINOIS  
POLICE PENSION FUND**

To the Pensioners and Members of the City of Des Plaines Police Pension Fund:

Pursuant to the authority vested in the Board of Trustees by 40 ILCS 5/3-140, the Board hereby promulgates these rules and regulations for the information and guidance of all beneficiaries and members of the Police Pension Fund.

All previous rules and regulations in conflict are hereby abrogated and repealed. Where a state statute conflicts with these rules, the statute shall govern.

**Chapter 1. Definitions and Terminology**

Section

- 100           The following words and phrases, when used in this manual, shall have the meaning ascribed to them in this Chapter, except when the context otherwise requires.
- 101           Application. The forms or set of forms which are required and approved by the Board for purposes herein described.
- 102           The Board. The Board of Trustees of the City of Des Plaines Police Pension Fund.
- 103           Beneficiary. A retired member of the fund, the retired member's surviving spouse, children and certain other dependents, as described in sections 3-101 through 3-151 of the Pension Code, who may be entitled to receive benefits from the Fund.
- 104           Child or Children. A police officer's natural children and the officer's legally adopted children, provided that adopted children shall be eligible for benefits only if the judicial proceedings for adoption were begun (a) at least one (1) year prior to the death or disability of the police officer, and (b) before the officer attained age fifty (50).
- 105           Creditable Service. The time served by a police officer as a member of a regularly constituted police force as defined by applicable Illinois law.
- 106           The Fund. The City of Des Plaines Police Pension Fund.
- 107           Municipality. The City of Des Plaines, Illinois.
- 108           Pension. The regular payment of benefits described in Section 3-111 of the Pension Code.
- 109           Pension Code. The Illinois Pension Code, as currently promulgated and as hereafter amended. (Chapter 40 ILCS).

## Chapter 2. Functional Responsibility and Authority

### 201 Board Composition.

- 201.1 The Board is composed of five (5) Members. The Board's function is to administer the Fund.
- 201.2 Two (2) Members of the Board are appointed by the Mayor of Des Plaines. The third and fourth Members of the Board are elected by the active participants of the regular police force from among the active participants. The fifth Member is elected by and from the beneficiaries of the Fund of legal age.
- 201.3 Each Board Member shall serve for a term of two (2) years or until his/her successor is appointed and qualified. The terms of the two (2) Board Members elected by the active participants and one (1) of the Board Members appointed by the Mayor shall expire in each even-numbered year. The terms of the Board Member elected by the beneficiaries of the Fund and the other Board member appointed by the Mayor shall expire in each odd-numbered year.
- 201.4 Upon the death, resignation or inability to act of any Member of the Board appointed by the Mayor, the Mayor shall appoint a successor to the deceased, resigned or disabled Board Member as soon as practicable. The successor Board Member shall serve to complete the term of the Board Member whom he/she replaces and until his/her successor is appointed and qualified.

### 202 Conduct of Elections. The elections provided in Section 201.2 shall be held as follows:

- 202.1 [Blank]
- 202.2 Ballots shall be mailed or delivered to each voter on or about March 1 of each election year, along with a self-addressed mailing envelope, a card identifying the voter and an envelope for the secret ballot itself. The beneficiary will be directed to indicate a choice of candidate on the ballot, to seal the ballot in the secret ballot envelope and to insert the secret ballot envelope and identification card in the self-addressed mailing envelope. The ballot must be returned to the Board prior to the second Monday of the following April. (See Form 3).
- 202.3 Names of members and beneficiaries who have indicated in writing to the President his/her interest in serving as Board members, or who shall be nominated by another member or beneficiary and shall accept said nomination in writing, shall be placed on the ballots. However, each person voting may also write in a vote for an eligible person of his/her choice. The notification for candidacy must be made no later than February 25th of each election year. Candidates' names shall be listed in the order their candidacy forms were received. (See Form 6).

- 202.4 To be valid, a ballot must be accompanied by an identification card or other information sufficient to identify the voter, so that the voter can be checked off as having voted. After this check is made, the identification card and ballot envelope, shall be separated. The sealed ballot envelopes shall be thoroughly mixed before being opened. Votes shall be totaled by the Board President or Secretary and witnessed by an uninterested command officer on a specified date after the date of the election, but prior to the fourth Monday in April. Only the ballots submitted in proper form by eligible voters shall be counted. The ballots shall be divided from the names of the individuals voting in the election and shall be counted separately by both the Board Representative and command officer. The Board President shall declare the person or persons receiving the highest number of votes be elected to the Board.
- 202.5 All active pension fund participants are eligible to vote one ballot, casting up to two votes thereon, for the two positions on the Board held by active pension fund participants. All beneficiaries of legal age are eligible to vote one ballot for the one position on the Board held by a beneficiary.
- 202.6 Upon the death, resignation or inability to act of any elected Member, a successor shall be elected for the unexpired term at a special election. The Board President shall call and conduct the special election in the same manner as the regular election described above, modifying the time frames as suitable. The election shall be held within forty-five (45) days of the death, resignation or inability to act. In the case of an election by mail, the ballots shall be mailed within thirty (30) days after the death, resignation or inability to act. The votes shall be tallied in the manner set forth above in § 202.4 within seven (7) days after the deadline for submission of ballots. (See Form 4).

203 Board Meetings/Structure.

- 203.1 The Board shall hold regular meetings at 9:00 a.m. in Room 101 of City Hall, on the second Tuesday of February, April, June, August, October and December or on such other dates as are called. Special meetings may also be called by the Board President or two board members. The Board may agree to hold more frequent regular meetings if deemed necessary to consider all pending matters. Agendas and Notices of all meetings shall be posted in a conspicuous location on the Board web site and at the municipal administration building.
- 203.2 At the regular June meeting, the Board shall select from its members a President, Vice President, Secretary and Assistant Secretary to serve for the period of one (1) year and until their respective successors are elected and qualified.
- 203.3 The President is the Chief Executive Officer of the fund. The President shall see that the resolutions and directions of the Board are carried into effect, except in those instances in which that responsibility is specifically assigned to some other person by the Board. The President

shall preside at all meetings of the Board. Unless otherwise delegated by the Board, the President shall execute all orders, certificates and other documents on behalf of the Board.

203.4 The Vice President of the Board shall perform the duties of the President during any vacancy in that office, or during such time as the President is disqualified or is unable to perform his/her duties.

203.5 The Secretary shall: (a) record the minutes of the Board meetings in permanent books; (b) see that all notices are duly given in accordance with the law; (c) be custodian of the Board's records; (d) sign with the President, or Vice-President, or any other officer authorized by the Board any instruments which the Board has authorized to be executed, according to the requirements of the form of the instrument, except when a different mode of execution is expressly prescribed by the Board; (e) have authority to certify resolutions of the Board and other documents as true and correct copies thereof; (f) prepare meeting agendas; and (g) perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned by the President or by the Board. The Secretary may delegate any duties to a Recording Secretary, if one is hired by the Board.

203.6 The Assistant Secretary shall act for the Secretary whenever necessary to discharge the functions of such office.

203.7 The Treasurer or ex-officio Treasurer of the Municipality shall act as Treasurer of the Fund and all assets of the fund must be placed in the custody of the Treasurer for the credit of the Fund.

204 Conduct of Meetings.

204.1 A majority of the Board shall constitute a quorum for the conduct of Board business. Any action may be taken by the majority of the members present.

204.2 Copies of the minutes of all meetings, except closed sessions, shall be posted in a conspicuous place on the Board web site and at the municipal administration building.

204.3 The parliamentary authority of the Board shall be *Robert's Rules of Order Newly Revised*, 10<sup>th</sup> Edition, 2000 Perseus Publishing.

- 204.4. Electronic Attendance at Board Meeting
- A. A quorum of Trustees must be physically present at the location of an open or closed meeting of the Police Pension Board.
  - B. Minutes of all meetings shall reflect if a Trustee was physically present or present by means of a video or audio conference. Lack of such a specification shall be deemed to indicate that the Trustee in question was physically present.
  - C. As provided herein, Trustees who are not physically present may participate in open or closed meetings by means of a video or audio conference. Such electronic participation may only occur if the Trustee is prevented from physically attending by: (1) personal illness or disability; (2) employment purposes; (3) business of the public body; (4) a family emergency; or (5) another emergency. If a Trustee wishes to attend a meeting electronically, the Trustee must notify the Board President at least 48 hours before the meeting, unless advance notice is impractical. Notification may be in person or in writing, or by phone, e-mail or facsimile transmission. The notification shall include a detailed recitation of the particular circumstances why the Trustee cannot attend, and also cite one of the five above-specified categories. The notification also shall substantially follow the format laid out in Form 20 of this Rule. For purposes of this rule, the Board Secretary shall be considered, and is hereby designated, as the agent of the Board President. Notice given to the Board President or to the Board Secretary shall be sufficient. Copies of the request shall be provided to all Trustees promptly, but in no event later than the meeting in question.
  - D. Upon receipt of notice of intent to participate electronically, the Board President, Board Secretary or his/her designees shall make appropriate arrangements for the Trustee to participate electronically, such as by arranging a speaker-phone for the meeting room and obtaining contact information. The equipment shall provide output sufficient for persons attending the meeting, and members of the audience, to hear the Trustee speak, and also shall allow the Trustee to hear other Trustees and any person who addresses the Police Pension Board.
  - E. At the meeting, the Police Pension Board shall vote on whether to permit the Trustee to participate electronically. If the Police Pension Board votes to permit electronic attendance, the audio or video equipment shall be activated so the Trustee can participate. If the Police Pension Board votes not to permit attendance, or if there is no quorum physically present, the Police Pension Board shall designate a person to contact the Trustee and notify him/her of that fact. If more than one Trustee requests and qualifies for electronic attendance by virtue of meeting one of the qualifications listed in paragraph C, then either all of the requesting Trustees or none of those Trustees shall be permitted to attend electronically.
  - F. If the Trustee who is attending electronically would normally chair the

meeting, a president pro tempore who is physically present may be appointed.

- G. When a Trustee attends a meeting electronically, all votes shall be by roll call vote. An electronically attending Trustee must identify himself or herself by name and be recognized by the president before speaking.
- H. An approved request to participate electronically shall entitle the Trustee involved to attend at the subject meeting and any closed sessions called during that meeting.
- I. This rule shall apply in like manner to any subsidiary committee, subcommittee or other agency of this police pension board that is a "public body" under the Illinois Open Meetings Act.
- J. The format for submitting a request for electronic attendance shall be FORM 20

205 Powers and Duties of Board.

The Board shall have the following powers and duties in addition to the other powers and duties granted to it in the Pension Code:

- 205.1 To make necessary rules and regulations in conformity with the provisions of the Pension Code. These rules and regulations may be amended from time to time by a majority vote of the Board. For good cause shown, strict compliance with the rules may be waived by the Board. A copy of these rules and of any amendments thereto shall be furnished to all participants and beneficiaries.
- 205.2 To provide for the payment from the Fund of all necessary expenses as approved by the Board.
- 205.3 To issue subpoenas compelling witnesses to attend and testify before it, upon all matters connected with the administration of the Fund. Subpoenas shall be issued in the manner provided by law for the taking of testimony in the Circuit Court of Cook County, including provision for witness fees. The President, or any Member of the Board, may administer oaths to such witnesses. (See Forms 1 & 2).
- 205.4 To collect, pay, contest, compromise or abandon any claims of or against the Fund, and to specify the procedures for any Member or Beneficiary to assert a claim against the Fund consistent with these Regulations.
- 205.5 To appoint a recording secretary, attorneys, auditors, actuaries, brokers, investment advisors or other agents and to pay reasonable compensation to such appointees.

206 Transfer of Service Credit. Requests for transfers of service credit, either incoming or outgoing, shall be handled in the manner required by law and regulation. (See Form 13).

207 Training and Educational Expenses. As the pension fund has millions of dollars in assets, the board recognizes the importance for pension trustees to keep current regarding the latest developments in pension laws, procedures, finance, and related topics. Accordingly, the board authorizes the expenditure of funds for the reasonable and necessary expenses incurred for trustees to attend educational conferences, seminars, meetings and similar events related to his/her duties as pension trustee. Expenses may either be paid in advance directly to the provider (i.e., hotel, airline) or reimbursed to the trustee on an after-the-fact basis. All expenditures shall be justified by the presentation of receipts sufficient to meet IRS requirements.

Each trustee shall be permitted to incur a maximum of \$2,500.00 in such expenses per calendar year without prior board approval. However, even if incurred prior to board approval, any expense reimbursement must meet the requirements of this Rule.

208 Closed Session Recording Policy.

- A. A verbatim record shall be kept of all meetings of the pension board or any subsidiary "public body" (as defined by the Illinois Open Meetings Act) of the board which are closed to the public. The verbatim record shall be in the form of an audio or video recording. In addition, minutes shall be kept of all closed meetings in the manner required by the Illinois Open Meetings Act. Minutes of closed meetings shall be placed before the pension board or the subsidiary body, as the case may be, for approval as to form and content as soon as practicable following the closed meeting. The secretary of the board, or his/her designee, shall maintain the verbatim recordings and minutes of all closed sessions of the board and all subsidiary public bodies of the board.
- B. At the beginning of each closed session, those present shall identify themselves by voice for the audio recording. If the meeting is videotaped, at the beginning of the meeting, those present shall individually appear on camera and identify themselves by voice. The chair of the meeting shall also announce the times the meeting commences and ends at the appropriate points on the recording.
- C. At the first regular board meeting following January 1 and July 1, the agenda shall include the following item: "Review of the minutes of all closed sessions that have not yet been released for public review, and determination of which, if any, may then be released." Minutes or recordings shall not be released unless the board finds that it is no longer necessary to protect the public interest or the privacy of an individual by keeping them confidential. As to any minutes or recordings not released, the board shall find that the "need for confidentiality still exists" as to those minutes or recordings. The board attorney shall prepare a recommendation for the board regarding the release and non-release of the respective recordings and minutes. Minutes of closed sessions shall be kept indefinitely.
- D. At the same meeting, the agenda shall include the following item: "Authorization for destruction of verbatim recordings of closed sessions." The board attorney shall present a list to the board of the dates of closed sessions where:
  - 1. A verbatim recording exists;

2. The board has approved the minutes of the closed meeting as to form, regardless of whether the minutes have been released for public review;
3. <sup>and</sup> There have been more than 18 months since the date of the closed meeting.

The board shall consider whether to authorize destruction of the verbatim recordings of those meetings. When ordered by the board, the board secretary shall destroy the recording of that closed meeting in a suitable manner.

209 Freedom of Information Policy. The Board adopts the FOIA policy used by its parent municipality, with the exception that requests should be filed with the Board Secretary.

210 Indemnification. Pursuant to 40 ILCS 5/1-107, the Pension Board indemnifies and protects the trustees against all damage claims and suits, including defense thereof, when damages are sought for negligent or wrongful acts alleged to have been committed in the scope of their duties. However, the trustees are not indemnified for willful misconduct or gross negligence.

### **Chapter 3. Membership and Benefits.**

301 Individuals Covered. The membership of the Fund is governed by state law. Each member of the Fund shall (a) file a written application with the Board within three months of the applicant's first appointment (if reappointed, within three months thereafter) (See Form 7); (b) provide the Board with documentation certifying (i) birth date of applicant, (ii) marital status of applicant and (iii) birth date of any dependent children; and (c) submit to any medical or psychological examination that the Board may reasonably require in connection with a proposed disability claim. Such person is herein referred to as a "Member" or "Police Officer".

302 Change in Family Status or Address. In the event of any change in family status (i.e., divorce, marriage, children, adoption, etc.), or change of address, a Member or Beneficiary shall notify the Board within thirty (30) days and provide the appropriate documentation. Members and Beneficiaries must provide the Board with a current street at which they will accept official notices. Post office boxes are not acceptable for this purpose. Failure to do so may result in the Member or Beneficiary not receiving official notices.

303 Application Requirement. All requests for pension benefits shall be submitted on the appropriate application. (See Forms 5, 8 and 9). Applicants for disability pensions must submit signed HIPPA waivers in sufficient quantity to meet the Board's needs (Form 10).

304 Certificate of Disability.

304.1 A disability pension shall not be paid unless certificates of the police officer's disability have been filed with the Board, subscribed and sworn to by the police officer, if not under legal disability, or by a representative on the officer's behalf if the officer is under legal disability, and by three (3) practicing physicians selected by the Board. The Board President is authorized, in the interest of expedition, to select examining doctors on non-controversial cases without Board approval. Each certificate shall describe the nature of the member's physical or mental condition and the reasons why the member is deemed unable to perform the duties as a police officer. The Board may require such additional evidence of disability as the Board deems pertinent. (See Forms 10 and 11).

- 304.2 (a) The Board shall schedule a hearing on the issue of the disability of the applicant, at which hearing the applicant may be represented by an attorney admitted to the bar of the Illinois Supreme Court. The Board shall send notice of the hearing to the applicant or his attorney, at least seven (7) days prior to the hearing. The hearing shall be conducted in the manner set forth in Chapter 4.
- (b) The Board shall consider the physician's reports and such testimony and other evidence that it deems pertinent.
- (c) A copy of the Board's decision shall be delivered to the applicant or the applicant's attorney, if one has appeared, within thirty (30) days of the conclusion of the hearing, unless more time is required for preparation thereof.
- 304.3 An application for an on-duty disability pension will be automatically considered also as an application for an off-duty disability pension unless the officer specifically requests otherwise.
- 305 Examination and Emergency Service.
- 305.1 A medical examination of the police officer on disability shall be made at least once each year prior to the attainment of age fifty (50) in order to verify the continuance of disability for service as a police officer. No examination shall be required after such age.
- 305.11 At any time, the Board may convene a show cause hearing, to be held in the manner set forth in rule 304.2, to afford a Member the opportunity to present evidence as to why a pension should not be terminated due to lack of continued disability. The burden of proof at such a hearing shall be on the Member.
- 305.2 If any Member of the police force on disability, except one who voluntarily retires after twenty (20) years of service, has been found upon medical examination to have recovered from such disability, the Board shall certify to the Chief of Police that the Member is no longer disabled and is able to resume the duties of the position.
- 305.3 In case of an emergency, as determined by the Chief of Police, a disabled member may be assigned and shall perform such reasonable duty as the Chief of Police or Mayor may direct; and such person shall have no claim for salary against the Municipality for the duty so performed.
- 306 Overpayments. The amount of any overpayment of benefits to a member or beneficiary due to fraud, misrepresentation or inadvertent mistake may, if the member or beneficiary fails to repay such amount to the fund, be deducted from future payments to the member or beneficiary in any manner approved by the Board.
- 307 Inquiries and Requests. All inquiries, complaints or requests directed to the Board for consideration shall be submitted in written form to the City of Des Plaines Police Department Pension Fund, 1420 Miner, Des Plaines, IL 60016.

308 Additional Requirements. The Board may require any additional documentation it deems advisable to verify the eligibility of a police officer, pensioner, surviving spouse, children or dependent parent to any benefits hereunder, including, but not limited to, certified copies of birth certificates, death certificates, marriage certificates and affidavits confirming the individual's age and/or marital status.

309 QILDROs. Certified copies of Qualified Illinois Domestic Relations Orders and QILDRO Calculation Court Orders shall be accepted for filing by mail or hand-delivery to the Board President at the Board's business address. The Board's blank model QILDRO and QILDRO Calculation Court Order are published as FORM 17D and FORM 17E. Every new and modified QILDRO and QILDRO Calculation Court Order must be accompanied by the nonrefundable statutory fee.

Upon receipt of an appropriate subpoena issued in a dissolution of marriage or legal separation case in which a QILDRO may be issued, or after receiving a request from a member, the Board shall, within 45 days, provide in response a statement, signed by the Board Secretary, of a member's accumulated contributions, accrued benefits, and other interests in the plan administered by the Fund based on the data on file on the date the subpoena or request was received. FORM 16. If so requested, the Board shall also provide in response general retirement plan information available to a member. 40 ILCS 5/1-119(h)(1).

A member who joined the fund before July 1, 1999 who consents to entry of a QILDRO order must submit FORM 17. This consent is irrevocable. 40 ILCS 5/1-119 (m) (1).

Upon receipt of a QILDRO, the Board shall promptly notify the member and alternate payee of the receipt by first class mail. 40 ILCS 5/1-119.

Upon receipt of a QILDRO which provides that the alternate payee is to receive a percentage of a retirement benefit (as opposed to a specified dollar amount), the Board shall provide the applicable information to the member and the alternate payee as indicated below:

- (A) If the member is a participant in the State Universities Retirement System and the QILDRO provides that the only benefit the alternate payee is to receive is a percentage of a lump sum benefit as of a specific date that has already past, then the Board shall, within 45 days after its receipt of the QILDRO, provide a statement of the lump sum amount to which the QILDRO is to be applied.
- (B) If the Board receives the QILDRO before the member's effective date of retirement, then the Board shall, within 45 days after its receipt of the QILDRO, provide all of the information set forth in FORM 17A.
- (C) If the Board receives the QILDRO after the member's effective date of retirement, then the Board shall, within 45 days after its receipt of the QILDRO, provide all of the information set forth in FORM 17B.
- (D) If the QILDRO provides that the alternate payee is entitled to death benefits, then the Board shall, within 45 days after its receipt of notice of the member's death, provide a statement of the gross amount of death benefits payable, including interest, calculated as of the date of the member's death.

Upon receipt of a QILDRO Calculation Court Order, the Board shall, within 45 days, notify the member and alternate payee of the receipt by first-class mail. If a certified copy of a valid QILDRO underlying the QILDRO Calculation Court Order has not been filed with the Board, or if the QILDRO Calculation Court Order does not clearly indicate the amount the Board is to pay to the alternate payee, then the Board shall at the same time notify the member and the alternate payee of the situation. If a valid QILDRO and QILDRO Calculation Order have been filed with the Board, they shall be implemented as soon as administratively possible once benefits are payable.

The Board shall have no obligation to make any determination as to whether the calculations in a QILDRO Calculation Court Order are accurate or whether the calculations are in accordance with the parties' QILDRO, agreement, or judgment. The Board shall have no responsibility for the consequences of its implementation of a QILDRO Calculation Court Order that is inaccurate or not in accordance with the parties' QILDRO, agreement, or judgment. 40 ILCS 5/1-119.

So long as there is in effect a QILDRO affecting a member's retirement benefit, a member may not elect a form of payment that has the effect of diminishing the amount of the payment to which any alternate payee is entitled, unless the alternate payee has consented to the election in a writing that includes the alternate payee's notarized signature, and this written and notarized consent has been filed with the Board. FORM 17C. If a member attempts to make an election that has the effect of diminishing the amount of the payment to which any alternate payee is entitled, the Board shall reject the election and advise the member of the need to obtain the alternate payee's consent. 40 ILCS 5/1-1119. FORM 17C.

- 310 Certificate of Continued Eligibility. Each beneficiary shall submit a notarized Annual Affidavit of Continued Eligibility (Form 18) on or before March 1 of each calendar year. Failure to submit the affidavit shall result in temporary cessation of benefits. Benefits shall resume retroactively when the affidavit is received.
- 311 Direct Deposit of Benefits. The Pension Board shall pay benefits as required. The form of payment shall be by direct deposit into an account specified by the beneficiary, except in the case of initial payments when direct deposit arrangements have not yet been finalized. Any request to change the address or bank account direct deposit information of a benefit recipient shall be accompanied by Form 19.

#### **Chapter 4. Hearings.**

- 401 Request for Hearing. A hearing may be requested on any contested issue(s) after informal procedures consistent with these Rules and applicable law have been exhausted and there remain differences between the Board and the person seeking pension benefits. A hearing may also be called by the Board to resolve any issue regarding a Member or Beneficiary
- 402 Request for Hearing to be Made to President. A request for a hearing shall be made in writing to the President of the Board. Such a request shall contain the reasons the hearing is being requested and other information pertinent to the request. Any request challenging a computation of benefits, as opposed to qualification for benefits, where the computation is not made as the result of a new disability hearing, shall be made in writing within thirty (30) calendar days after the person seeking pension benefits receives written notification regarding the proposed pension award. Challenges to

computation of benefits resulting from a new disability hearing must be made as part of the hearing on the disability. (See Form 12.)

402.1 Intervention. The Municipality may seek permission to intervene in a pending disability case. Intervention may be granted in the sole discretion of the Board. If granted, the Municipality shall be considered a party to the case, and depending on the circumstances, the hearing may be treated as an adversarial one with the Municipality and Member acting as opposing parties.

403 Scheduling the Hearing.

403.1 If the Board receives and agrees to a request for a hearing, the Board, within ten (10) business days of its agreement to the request, shall:

(A) Send a letter to all Board Members including: (i) the name, address, and telephone number of the person making the request for the hearing; (ii) the date on which the request for the hearing was received by the Board; (iii) the nature of the controversy to be resolved; and (iv) a copy of the request.

(B) Send a copy of the Board's notification packet by certified mail, return receipt requested (or by hand delivery) to the person requesting the hearing.

403.2 The hearing shall be scheduled at a time and place convenient for the Board. The hearing shall be convened within fifteen (15) calendar days of the Board's receipt of the request unless, in the judgment of the Board Chairman, extenuating circumstances warrant a delay.

403.3 The applicant may request a delay in convening the hearing. The applicant shall do so in writing to the President of the Board. The applicant shall set forth the reasons for the request and the President of the Board shall, upon receiving the request, either grant or deny the request, and shall inform the applicant. If necessary, the President of the Board shall determine a new time and date for convening the hearing.

403.4 If there is no objection by the applicant, the Municipality, or a board member, these notification requirements may be waived or modified.

404 Rights Prior to the Hearing.

404.1 The applicant has the right to be represented at his/her own expense by an attorney admitted to the bar of the Illinois Supreme Court, and to be assisted by other persons having special knowledge of pension law.

404.2 The applicant may inspect and review all Board records pertaining to the applicant and may obtain copies of any such records at the applicant's own expense.

- 404.3 The applicant or the Board may compel the attendance, by subpoena, of any person who may have information relevant to the needs, abilities or the status of the case.
- 405 Rights During the Hearing.
- 405.1 The Board shall conduct the hearing in a fair, impartial and orderly manner consistent with due process. The rules of evidence applicable in a court will not be strictly applied. The Board shall afford the party an opportunity to present the evidence, testimony, and arguments the party believes necessary to support and/or clarify the issues in dispute and the relief requested.
- 405.2 The hearing shall be open to the public except as permitted by the Illinois Open Meetings Act.
- 405.3 The Board and the applicant shall have the right to confront and cross-examine witnesses, including those whose attendance they have compelled by issuance of a subpoena.
- 405.4 Except as provided in Rule 402.1, the hearing shall be non-adversarial in nature. Rulings on evidentiary objections may be made by the Board's attorney on behalf of the Board, subject to appeal to the Board.
- 406 Record of Proceedings. The Board shall ensure that a court reporter is present to make a record of the hearing. The Board shall also ensure that all written evidence presented at the hearing is marked to indicate the party offering the evidence and is made part of the administrative record. The applicant may obtain a transcript of the hearing at the applicant's own expense.
- 407 Decision of Board.
- 407.1 Within thirty (30) business days after the conclusion of the hearing, the Board shall issue a written decision which sets forth the issues in dispute, findings of fact based upon the evidence and testimony presented, and the Board's conclusions and orders. The Board shall determine whether the evidence establishes that the person is entitled to pension benefits and, if so, in what amount.
- 407.2 The Board's decision shall be sent by certified mail, return receipt requested (or by hand delivery) to the applicant.
- 408 Filing of Administrative Record.
- If a case is appealed to the Circuit Court pursuant to the Administrative Review Law, the Board shall file with the Clerk of the Circuit Court a complete administrative record, which shall include: (i) a transcript of the hearing; (ii) records and reports presented at the hearing; and (iii) other exhibits and materials presented at the hearing.
- 409 Deadlines. Failure of the Board to meet any deadline imposed on it by these Rules shall not be jurisdictional, nor affect any particular result in a given case.

**Chapter 5. Investments.**

501 Investment Policy. The Investment Policy attached hereto is the Board's official investment policy.

502 Proxies. The Board Secretary is authorized to vote any proxy for stocks owned by the Fund in accordance with the recommendations of the company's Board of Directors.

\* \* \* \* \*

**Attachments**

- A Sample Forms
- B Investment Policy

ORIGINAL

(To be executed and served upon  
the individual named below)

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

IN RE:

)  
)  
) NO.  
)  
)

**SUBPOENA/SUBPOENA DUCES TECUM**

TO:

GREETINGS:

You are hereby commanded to appear before the Board of Trustees of the Police Pension Fund of the City of Des Plaines, Illinois, in the above captioned proceeding on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ a.m., at City Hall, Room \_\_\_\_\_, 1420 Miner Street, Des Plaines Illinois 60016, pursuant to the Pension Code of Illinois.

\*You are also commanded to bring with you \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WITNESS, \_\_\_\_\_, President of this Board, whose signature is affixed hereto on \_\_\_\_\_.

\_\_\_\_\_  
President

(Seal) (\* only if applicable)  
City of Des Plaines Pension Fund  
1420 Miner Street  
Des Plaines, Illinois 60016  
(847) 827-4804

FORM 1

DUPLICATE

(To be executed in full  
and returned to the Board)

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND OF THE  
CITY OF DES PLAINES, ILLINOIS**

IN RE:

)  
)  
) NO.  
)

SUBPOENA/SUBPOENA DUCES TECUM

TO:

GREETINGS: You are hereby commanded to appear before the Board of Trustees of the Police Pension Fund of the City of Des Plaines, Illinois, in the above captioned proceeding on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ a.m., at City Hall, Room \_\_\_\_\_, 1420 Miner Street, Des Plaines, Illinois 60016, pursuant to the Pension Code of Illinois.

\*You are also commanded to bring with you

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESS, \_\_\_\_\_, Chairman of this Board, whose signature is affixed hereto on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
President

(Seal) (\* strike this portion if not applicable)

**PROOF OF SERVICE**

I certify that I served the original of the above subpoena by delivering it personally to the witness on \_\_\_\_\_, \_\_\_\_\_. I paid the witness the applicable witness fee.

\_\_\_\_\_  
Process Server

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(SEAL)

Notary Public

City of Des Plaines Pension Fund  
1420 Miner Street  
Des Plaines, Illinois 60016  
(847) 827-4804

FORM 2

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

[S P E C I M E N]

**OFFICIAL BALLOT**

\_\_\_\_\_ ELECTION  
(date)

**FOR PARTICIPANT MEMBER OF THE BOARD OF TRUSTEES OF THE POLICE  
PENSION FUND OF THE CITY OF DES PLAINES, ILLINOIS**

(VOTE FOR ONE)

- John Doe
- Jane Smith
- \_\_\_\_\_  
(write-in)

(or)

**FOR BENEFICIARY MEMBER OF THE BOARD OF TRUSTEES OF THE POLICE  
PENSION FUND OF THE CITY OF DES PLAINES, ILLINOIS**

(VOTE FOR ONE)

- John Doe
- Jane Smith
- \_\_\_\_\_  
(write-in)

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**NOTICE OF SPECIAL ELECTION FOR TRUSTEE**

NOTICE IS HEREBY GIVEN that a Special Election will be held to fill the seat on the Board of Trustees of the Police Pension Fund left vacant by the death/resignation **[circle one]** of Trustee \_\_\_\_\_ on \_\_\_\_\_ (date).

The election will be held on \_\_\_\_\_.

Ballots will be sent to all eligible voters no later than \_\_\_\_\_ and must be returned before \_\_\_\_\_ (date).

Any eligible person may run for trustee by submitting Form 6 to \_\_\_\_\_ by \_\_\_\_\_ (date), \_\_\_\_\_.

FORM 4

BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS

**APPLICATION FOR RETIREMENT/DISABILITY PENSION**

Des Plaines, Illinois \_\_\_\_\_, \_\_\_\_\_

TO THE BOARD OF TRUSTEES OF THE POLICE PENSION FUND:

I am a member of the regular police force of the City of Des Plaines, Illinois assigned to duty as a **(rank)** \_\_\_\_\_.

I received my probationary appointment \_\_\_\_\_, \_\_\_\_\_.

I am \_\_\_\_\_ years of age and have performed police duty, as a member of Des Plaines Police Department for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, and \_\_\_\_\_ days.

My family consists of my spouse whose name is

\_\_\_\_\_ and the following named children:

_____	DOB	_____	DOB
_____	DOB	_____	DOB
_____	DOB	_____	DOB

My retirement pension is subject to a Qualified Illinois Domestic Relations Order:  
Yes \_\_\_ No \_\_\_ (If "yes", please attach a copy of the court's order)

I hereby make application for a retirement/disability pension [**circle one**], to be effective as of and after \_\_\_\_\_, \_\_\_\_\_.

STATE OF ILLINOIS )  
COUNTY OF \_\_\_\_\_ ) ss.

\_\_\_\_\_, the Petitioner, being duly sworn, says that he/she resides at \_\_\_\_\_, that he/she has read the foregoing Petition, and that the Petition is true in all respects.

\_\_\_\_\_  
Petitioner  
Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**APPLICATION FOR RETIREMENT/DISABILITY PENSION**

Page Two

**--- APPLICANT - STOP HERE --  
-- SECTIONS BELOW AND ON OTHER PAGE ARE FOR OFFICE USE ONLY ---**

Certified Service: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

I hereby certify that the records of this department show the above statement to be correct and true as far as the same relates to age and duration of service in the Police Department.

Signed at Des Plaines, Illinois, on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Chief of Police or Chief's Designee

\$ \_\_\_\_\_ per year is the amount of salary attached to the rank of \_\_\_\_\_ (Disability); or \$ \_\_\_\_\_ is the amount of salary received for the twelve months immediately prior to the applicants' retirement, \_\_\_\_\_, \_\_\_\_\_.

I, \_\_\_\_\_, Secretary of the Police Pension Fund, do hereby certify under oath that the above statement as to amount of salary and service is true as shown by the records in my office.

\_\_\_\_\_  
Secretary of Police Pension Fund

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**APPLICATION FOR RETIREMENT/DISABILITY PENSION**  
Page Three

\* \* \*

**ACKNOWLEDGMENT OF BENEFITS GRANTED BY POLICE PENSION FUND**

PENSIONER \_\_\_\_\_

TYPE OF PENSION BENEFIT \_\_\_\_\_ RATE % \_\_\_\_\_

DATE BENEFITS BEGAN \_\_\_\_\_ YEARS GRANTED \_\_\_\_\_

MONTHLY BENEFIT \$ \_\_\_\_\_ YEARLY BENEFIT \_\_\_\_\_

AMOUNT CONTRIBUTED TO FUND BY PENSIONER \$ \_\_\_\_\_

Details and specifics pertaining to taxability of benefits should be obtained from a qualified tax advisor. This application was approved at the meeting of the Board of Trustees of the Police Pension Fund held on:

\_\_\_\_\_

Date

Respectfully submitted,

\_\_\_\_\_

Secretary, Police Pension Fund

(Note: The Board may substitute a letter or other form of communication for this page.)

Page 3 of 3

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**STATEMENT OF CANDIDACY**

I hereby indicate my interest in serving as a member of the Board of Trustees of the Police Pension Fund of the City of Des Plaines, Illinois, and request that my name be printed on the official ballot for that office for the election to be held on \_\_\_\_\_, \_\_\_\_\_.

(check one)

\_\_\_\_\_ to be elected from among the beneficiaries (retirees, surviving spouses, and disabled).

\_\_\_\_\_ to be elected from among the participants (active officers).

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**APPLICATION FOR MEMBERSHIP**

I hereby make application to come under the terms and conditions of the Police Pension Fund of the City of Des Plaines, Illinois.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Married on \_\_\_\_\_ Married at \_\_\_\_\_

List all minor children with their dates of birth.

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

I was first appointed as a full time police officer on \_\_\_\_\_, \_\_\_\_\_ and have continued to serve since that date. If service has been broken, I have listed all dates of departure and re-entry into Pension Fund on Form 7B. I will furnish certified copies of birth and marriage certificates if requested by the Board of Trustees.

\_\_\_\_\_  
Applicant

Received and filed by the Board of Trustees of the Police Pension Fund, Des Plaines, Illinois on (Date) \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Secretary Board of Trustees  
Police Pension Fund

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**SERVICE CREDIT EARNED IN  
DES PLAINES, ILLINOIS POLICE PENSION FUND**

FOR CALENDAR YEAR - \_\_\_\_\_

OFFICER \_\_\_\_\_  
Name

RANK \_\_\_\_\_ BADGE NUMBER \_\_\_\_\_

	Month	Days
Term of Employment in Year	_____	_____
Deduct Break in Service (Show details below)	_____	_____
Creditable Service for 20_____	_____	_____

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Chief of Police

Breaks in Service

From	To	Months	Days
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL \_\_\_\_\_

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**APPLICATION FOR SURVIVING SPOUSE'S PENSION**

I, \_\_\_\_\_, hereby make application for a Surviving  
Full Name

Spouse's Pension from the Police Pension Fund. I am the legal surviving spouse of the deceased.

Surviving Spouse's Date of Birth: \_\_\_\_\_

Surviving Spouse's Social Security Number: \_\_\_\_\_

Were you living with the deceased at the time of death? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, list your address \_\_\_\_\_  
and also, give the reason you did not live with the deceased.

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other (describe) \_\_\_\_\_

Deceased's name: \_\_\_\_\_

Deceased residence address at death: \_\_\_\_\_

Indicate status of deceased at time of death:

Active duty \_\_\_\_\_ Retired \_\_\_\_\_ Disability \_\_\_\_\_ Other \_\_\_\_\_

If Active: Was the deceased on duty at time of death? Yes \_\_\_\_\_ No \_\_\_\_\_

Cause of death: \_\_\_\_\_

(Attach one (1) certified copy of death certificate)

Was an official inquiry as to the cause of death made? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the deceased under a doctor's care at any time during the last twelve months?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Name of Doctor(s) \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FOR SURVIVING SPOUSE'S PENSION**

Page Two

Are there any dependent children (under 18 years of age) who might be entitled to pension benefits from this fund?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, indicate names and dates of birth:

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____
_____	_____

Attach one (1) certified copy of birth certificate for each child listed.

Are any of the above listed children adopted?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes: Attach one (1) copy of adoption papers, duly certified, for each child adopted.

I CERTIFY THAT THE FOREGOING INFORMATION AND STATEMENTS ARE TRUE AND CORRECT.

Date: \_\_\_\_\_  
\_\_\_\_\_ Applicant

Reviewed at meeting of the Board of Trustees, Des Plaines Police Pension Fund.

Date: \_\_\_\_\_  
\_\_\_\_\_ Secretary

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**APPLICATION FOR REFUND OF PENSION FROM POLICE PENSION FUND  
OF DES PLAINES, ILLINOIS**

(This form must be completed by police officers with at least 8, years but less than 20 years, of creditable service, in addition to Form 13)

To the Board of Trustees of the Des Plaines Police Pension Fund:

I am a member of the Des Plaines Police Department assigned to duty as a **(rank)**

\_\_\_\_\_.

I am \_\_\_\_\_ years of age and have performed police duty, as a member of said Police Department for a period of \_\_\_\_\_ year(s), \_\_\_\_\_ month(s), \_\_\_\_\_ day(s).

As I have creditable service of more than 10 years, but less than 20 years, and am leaving the Department, I make the following choice of the options available to me under Section 3-111 and Section 3-124 of the Pension Code.

- (1) I wish the total deductions made from my salary during my employment returned to me as provided in Section 3-124 and I am aware of and waive forever any claim to a pension under Section 3-111 unless I return to service in the future and qualify at that time.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant

- (2) I wish the total deductions made from my salary during my employment returned to be left in the pension fund and I request that I receive the pension to which I may be entitled under Section 3-111.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**AUTHORIZATION FOR USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**

Individual's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ [insert the name or identification of the person or class of persons authorized to make the requested use or disclosure] to release to: \_\_\_\_\_ [insert the name or identification of the person or class of persons to whom use or disclosure may be made].

**Description:**

The health information to be used or disclosed consists of [identify the information in a specific and meaningful fashion]: \_\_\_\_\_

**Purpose:** This information is to be disclosed at the individual's request and will be used for the following purpose(s):

1. Medical evaluation and treatment.
2. Review in determining propriety of disability pension application.

**AUTHORIZATION**

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ [insert date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent to the Pension Board located at 1420 Miner Street, Des Plaines, Illinois 60016. I understand that my revocation of this authorization will not be effective for actions that the Pension Board or health care provider have taken in reliance upon my authorization and prior to being provided a copy of such revocation. I understand that I have the right to inspect or copy the information and the right to refuse to sign this authorization. I understand that refusing to authorize disclosure of records may adversely impact educational programming and/or healthcare treatment. I recognize that health records, once received by the Pension Board, may not be protected by the HIPAA Privacy Rule. I also understand that except as allowed by law, treatment, payment, enrollment in the health plan, or eligibility for benefits will not be conditional upon my providing this authorization.

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

Individual's Signature\*

\* If this authorization is signed by a personal representative of the individual, this authorization must include a description of such representative's authority to act for the individual.

BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS

PHYSICIAN'S CERTIFICATE OF DISABILITY

**DOCTOR - PLEASE PRINT LEGIBLY OR TYPE!**

I, Doctor \_\_\_\_\_ (address) \_\_\_\_\_,  
\_\_\_\_\_, a physician admitted to practice medicine in all its branches by  
the State of Illinois, hereby certify under oath that I have examined (Petitioner)  
\_\_\_\_\_ on (date) \_\_\_\_\_ and performed a complete  
physical examination with relevant investigation into the Petitioner's ability to perform the  
duties of a Police Officer in the City of Des Plaines, Illinois.

(Describe disease or disability. Give date of examination and document present condition  
of petitioner).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCTOR: PLEASE CHECK ONE OF THE FOLLOWING:**

Petitioner  (is)  (is not) physically and mentally able to perform the duties of a police  
officer.

Signed \_\_\_\_\_  
Doctor's Signature

*Note: Signature Must Be Signed Personally By  
Doctor Before a Notary Public - No Rubber  
Stamped or "Initialed" Signatures Acceptable*

STATE OF ILLINOIS            )  
  ) ss.  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**REQUEST FOR HEARING/MISCELLANEOUS ISSUE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby request a hearing by the Des Plaines Police Pension Fund Board on the following matter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This form must be submitted to the President or Secretary of the Des Plaines Police Pension Board, 1420 Miner Street, Des Plaines, IL 60016.

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**REQUEST FOR TRANSFER OF SERVICE CREDIT**

Name of Police Officer: \_\_\_\_\_

I HEREBY REQUEST that the Des Plaines Police Pension Board initiate a request for me to transfer my service credit from \_\_\_\_\_  
**[Name of Previous Department]** to the Des Plaines Police Pension Fund. I served on the other department from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_. **[insert dates]**. I did/did not **[circle one]** take a refund of my contributions from the other department. I understand that I will receive notification as to the amount, if any, I will have to contribute to effectuate the transfer of service credit.

\_\_\_\_\_  
Signature of Police Officer

\* \* \* \* \*

**FOR OFFICE USE ONLY:**

Received this request on \_\_\_\_\_, \_\_\_\_\_.

Sent to Board Attorney for processing on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Board Officer

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**APPLICATION FOR REFUND OF PENSION FROM POLICE PENSION FUND  
OF DES PLAINES, ILLINOIS**

**ELECTION REGARDING PLAN PAYMENTS  
CONTRIBUTION REFUND**

Note: This form must be completed by all officers seeking a refund. The amounts on lines 1, 2 and 3, and the "**Special Notice Regarding Plan Payments - Contribution Refunds**" must be obtained from the Board before completing this form.

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security  
Number:

\_\_\_\_\_

1. Total Contributions: \$ \_\_\_\_\_
2. Pretax Portion: \$ \_\_\_\_\_
3. After-tax Portion: \$ \_\_\_\_\_

I have received from the pension board the "**Special Notice Regarding Plan Payments - Contribution Refunds**" and have elected the following method of refund:

\* Paid to myself - and I understand Federal Income Tax Withholding in the amount of \$ \_\_\_\_\_, 20 percent of the pretax portion, will be withheld from my distribution.

\* Paid in a Direct Rollover - distribution should be made to:

Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Police Officer

Date: \_\_\_\_\_, \_\_\_\_\_

FORM 14

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**REQUEST FOR REPORT OF CONTRIBUTION HISTORY**

Name of Police Officer: \_\_\_\_\_

I HEREBY REQUEST that the Des Plaines Police Pension Board report how much I have contributed into the pension fund during the period beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Officer

\* \* \* \* \*

**FOR OFFICE USE ONLY:**

The records of the Des Plaines Police Pension Fund show that

Name: \_\_\_\_\_ contributed

Amount: \$ \_\_\_\_\_ into the fund for the period beginning

\_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_,

\_\_\_\_\_.

\_\_\_\_\_  
Board Officer or Accountant

Date: \_\_\_\_\_, \_\_\_\_\_

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**REQUEST FOR CERTIFIED STATEMENT OF ACCUMULATED  
CONTRIBUTIONS, ACCRUED BENEFITS AND OTHER INTERESTS**

I HEREBY REQUEST that the Des Plaines Police Pension Board provide a statement of my financial interests in the Fund as required by 40 ILCS 5/1-119 (h) (1).

\_\_\_\_\_  
Signature of Police Officer

Date: \_\_\_\_\_, \_\_\_\_\_

Printed Name of Police Officer: \_\_\_\_\_

\* \* \* \* \*

**FOR OFFICE USE ONLY:**

Received this request on \_\_\_\_\_, \_\_\_\_\_.

Sent to Board Accountant for processing on \_\_\_\_\_, \_\_\_\_\_.

As required by 40 ILCS 5/1-119 (h) (1), the Des Plaines Police Pension Board certifies that the above-named officer has the following financial interests in the Fund as of the date the Fund received this request:

Accumulated Contributions:       \$ \_\_\_\_\_

Accrued Benefits: \_\_\_\_\_

Other Interests, if any: \_\_\_\_\_

The Board requests that FORM 17 be used for any Consent to issuance of a QILDRO.

\_\_\_\_\_  
Board Secretary

Date: \_\_\_\_\_, \_\_\_\_\_

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**CONSENT TO ISSUANCE OF A QILDRO**

**Note: This form is not required for police officers who joined the Fund after July 1, 1999.**

Court Case Caption: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Police Officer's Name: \_\_\_\_\_

Police Officer's Social Security Number: \_\_\_\_\_

Alternate Payee's Name: \_\_\_\_\_

Alternate Payee's Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_ **[Name of Police Officer]**,  
a member of the Police Pension Fund of the City of Des Plaines, hereby irrevocably consent to the issuance of a Qualified Illinois Domestic Relations Order. I understand that under the Order, certain benefits that would otherwise be payable to me, or to my death benefit beneficiaries or estate, will instead be payable to the above-named alternate payee. I also understand that my right to elect certain forms of payment of my retirement benefit or member's refund may be limited as a result of the Order.

\_\_\_\_\_  
Signature of Police Officer

Date: \_\_\_\_\_, \_\_\_\_\_

Printed Name of Police Officer: \_\_\_\_\_

**Note: Under 40 ILCS 5/1-119 (m) (2), this consent is irrevocable, and shall apply to any QILDRO that pertains to the alternate payee and the Des Plaines Police Pension Fund.**

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**STATEMENT OF FINANCIAL INTEREST  
IN RESPONSE TO QILDRO FOR PAYMENT OF A  
PERCENTAGE OF A RETIREMENT BENEFIT TO ALTERNATE PAYEE**

(QILDRO received **BEFORE** police officer's effective date of retirement)

Name of Police Officer: \_\_\_\_\_

QILDRO received on: \_\_\_\_\_, \_\_\_\_\_

As required by 40 ILCS 5/1-119 (h) (1), the City of Des Plaines Police Pension Board certifies that the above-named officer has the following financial interests in the Fund:

(i) Officer's date of initial membership in the Fund: \_\_\_\_\_  
(Month/Date/ Year)

(ii) Amount of permissive service officer accumulated in the Fund from the date of initial membership through the most recent date available (\_\_\_\_/\_\_\_\_/\_\_\_\_) prior to the Fund's receipt of the QILDRO:  
\_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

Amount of regular service officer accumulated in the Fund from the date of initial membership through the most recent date available (\_\_\_\_/\_\_\_\_/\_\_\_\_) prior to the Fund's receipt of the QILDRO:  
\_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

(iii) Gross amount of officer's non-reduced monthly annuity benefit earned, including permissive service and upgrades purchased by officer, calculated as of the most recent date available (\_\_\_\_/\_\_\_\_/\_\_\_\_) prior to the Fund's receipt of the QILDRO, and the earliest date the officer may be eligible to commence the benefit: \_\_\_\_\_

Permissive service purchased: \_\_\_\_\_

Upgrades purchased: \_\_\_\_\_

(iv) Gross amount of officer's refund or partial refund, including interest, calculated as of the most recent date available (\_\_\_\_/\_\_\_\_/\_\_\_\_) prior to the Fund's receipt of the QILDRO: \_\_\_\_\_

(v) Gross amount of death benefits payable to officer's death benefit beneficiaries or estate, including interest, assuming officer died on the date or a date as close as possible to the date the Fund received the QILDRO, calculated as of the most recent date available (\_\_\_\_/\_\_\_\_/\_\_\_\_) prior to the Fund's receipt of the QILDRO:

\_\_\_\_\_

(vi) Has officer notified the Fund of the date the officer intends to retire?

\_\_\_\_\_

If so, what is the date of retirement?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month/Date/ Year)

If so, what is the date that the Fund reasonably believes will be the officer's effective date of retirement?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month/Date/ Year)

\_\_\_\_\_

Board Secretary

Date: \_\_\_\_\_,  
\_\_\_\_\_

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**STATEMENT OF FINANCIAL INTEREST  
IN RESPONSE TO QILDRO FOR PAYMENT OF A  
PERCENTAGE OF A RETIREMENT BENEFIT TO ALTERNATE PAYEE**

(QILDRO received ***AFTER*** police officer's effective date of retirement)

Name of Police Officer: \_\_\_\_\_

QILDRO received on: \_\_\_\_\_, \_\_\_\_\_

Police Officer's date of initial membership: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month/Date/ Year)

As required by 40 ILCS 5/1-119 (h) (1), the Des Plaines Police Pension Board certifies that the above-named officer has the following financial interests in the Fund:

(i) Officer's effective date of retirement: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month/Date/ Year)

(ii) Date officer commenced or is scheduled to commence benefits: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month/Date/ Year)

(iii) Amount of permissive service officer accumulated in the Fund from the date of initial membership through the effective date of retirement:  
\_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

Amount of regular service officer accumulated in the Fund from the date of initial membership through the effective date of retirement:  
\_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

(iv) Gross amount of officer's monthly retirement benefit, including permissive service and upgrades purchased by officer, calculated as of effective date of retirement: \_\_\_\_\_

Permissive service purchased: \_\_\_\_\_

Upgrades purchased: \_\_\_\_\_

(v) Gross amount of officer's refund or partial refund, including interest, calculated as of effective date of retirement:

\_\_\_\_\_

(vi) Gross amount of death benefits payable to officer's death benefit beneficiaries or estate, assuming the officer died on effective date of retirement, including interest:

\_\_\_\_\_

\_\_\_\_\_

Board Secretary

Date: \_\_\_\_\_,

\_\_\_\_\_

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**CONSENT OF ALTERNATE PAYEE TO RETIREMENT BENEFIT  
ELECTION THAT DIMINISHES PAYMENT TO ALTERNATE PAYEE**

Alternate Payee's Name: \_\_\_\_\_

Alternate Payee's Social Security Number: \_\_\_\_\_

Police Officer's Name: \_\_\_\_\_

Police Officer's Social Security Number: \_\_\_\_\_

Court Case Caption: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Name of Court: \_\_\_\_\_

I, \_\_\_\_\_ **[Name of Alternate Payee]**, hereby consent to the retirement benefit election made by \_\_\_\_\_ **[Name of Police Officer]**. I understand that the retirement benefit election has the effect of diminishing the amount of the payment to which I am entitled pursuant to a Qualified Illinois Domestic Relations Order issued by the above-named Court. I understand that as a result of the retirement benefit election, certain benefits that would otherwise be payable to me will instead be payable to the above-named Police Officer.

\_\_\_\_\_  
Signature of Alternate Payee

Date: \_\_\_\_\_, \_\_\_\_\_

SUBSCRIBED AND SWORN TO  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINS, ILLINOIS**

**QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDER**

\_\_\_\_\_  
[Court Case Caption]

\_\_\_\_\_  
[Court Case Number]

\_\_\_\_\_  
[Name of Court]

**CITY OF DES PLAINES POLICE PENSION FUND**

THIS CAUSE coming before the Court for the purpose of the entry of a Qualified Illinois Domestic Relations Order under the provisions of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), the Court having jurisdiction over the parties and the subject matter hereof; the Court finding that one of the parties to this proceeding is a member of a retirement system subject to Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), this Order is entered to implement a division of that party's interest in the retirement system; and the Court being fully advised;

**IT IS HEREBY ORDERED AS FOLLOWS:**

- I. The definitions and other provisions of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119) are adopted by reference and made a part of this Order.
- II. Identification of Retirement System and parties:

Retirement System: **CITY OF DES PLAINES POLICE PENSION FUND  
1420 Miner Street  
Des Plaines, Illinois 60016**

Member: \_\_\_\_\_

\_\_\_\_\_  
[Member's Name]

\_\_\_\_\_  
[Member's Mailing Address]

\_\_\_\_\_  
[Member's Social Security Number]

Alternate payee:

\_\_\_\_\_  
[Alternate Payee's Name]

\_\_\_\_\_  
[Alternate Payee's Mailing Address]

\_\_\_\_\_  
[Alternate Payee's Social Security Number]

The alternate payee is the member's [check one]:

\_\_\_\_\_ current or former spouse

\_\_\_\_\_ child or other dependent

III. The Retirement System shall pay the indicated amounts of the member's retirement benefits to the alternate payee under the following terms and conditions:

(A) The Retirement System shall pay the alternate payee pursuant to one of the following methods [complete the ONE option that applies]:

(1) \$ \_\_\_\_\_ per month [enter amount]; or

(2) \_\_\_\_\_ % [enter percentage] per month of the marital portion of said benefit with the marital portion defined using the formula in Section IX; or

(3) \_\_\_\_\_ % [enter percentage] per month of the gross amount of said benefit calculated as of the date the \_\_\_\_\_ member's/ \_\_\_\_\_ alternate payee's [check one] benefit commences [check alternate payee only if the alternate payee will commence benefits after the member commences benefits, e.g. if the member is receiving retirement benefits at the time this Order is entered].

(B) If the member's retirement benefit has already commenced, payments to the alternate payee shall commence either [check/complete the ONE option that applies]:

(1) \_\_\_\_\_ as soon as administratively possible upon this order being received and accepted by the Retirement System; or

(2) \_\_\_\_\_ on the date of \_\_\_\_\_ [enter any benefit payment date [MM/DD/YYYY] that will occur at least 30 days after the date the retirement system receives a valid QILDRO, but ONLY if payment to the alternate payee is to be delayed to some future date; otherwise, check item (1) above].

- (C) If the member's retirement benefit has not yet commenced, payments to the alternate payee shall commence as of the date the member's retirement benefit commences.
- (D) Payments to the alternate payee under this Section III shall terminate [check/complete the ONE option that applies]:
  - (1) \_\_\_\_\_ upon the death of the member or the death of the alternate payee, whichever is the first to occur; or
  - (2) \_\_\_\_\_ after \_\_\_\_\_ payments are made to the alternate payee [enter any set number] or upon the death of the member or the death of the alternate payee, whichever is the first to occur.

IV. If the member's retirement benefits are subject to annual post-retirement increases, the alternate payee's share of said benefits \_\_\_\_\_ shall/ \_\_\_\_\_ shall not [check one] be recalculated or increased annually to include a proportionate share of the applicable annual increases.

V. The Retirement System shall pay to the alternate payee the indicated amounts of any refund upon termination or any lump sum retirement benefit that becomes payable to the member, under the following terms and conditions:

- (A) The Retirement System shall pay the alternate payee pursuant to one of the following methods [complete the ONE option that applies]:
  - (1) \$ \_\_\_\_\_ [enter amount]; or
  - (2) \_\_\_\_\_ % [enter percentage] of the marital portion of the refund or lump sum retirement benefit, with the marital portion defined using the formula in Section IX; or
  - (3) \_\_\_\_\_ % [enter percentage] of the gross amount of the refund or lump sum retirement benefit, calculated when the member's refund or lump sum retirement benefit is paid.
- (B) The amount payable to an alternate payee under Section V(A)(2) or V(A)(3) shall include any applicable interest that would otherwise be payable to the member under the rules of the Retirement System.
- (C) The alternate payee's share of the refund or lump sum retirement benefit under this Section V shall be paid when the member's refund or lump sum retirement benefit is paid.

VI. The Retirement System shall pay to the alternate payee the indicated amounts of any partial refund that becomes payable to the member under the following terms and conditions:

- (A) The Retirement System shall pay the alternate payee pursuant to one of the following methods [complete the ONE option that applies]:
  - (1) \$ \_\_\_\_\_ [enter amount]; or
  - (2) \_\_\_\_\_ % [enter percentage] of the marital portion of said benefit, with the marital portion defined using the formula in Section IX; or
  - (3) \_\_\_\_\_ % [enter percentage] of the gross amount of the benefit calculated when the member's refund is paid.
- (B) The amount payable to an alternate payee under Section VI(A)(2) or VI(A)(3) shall include any applicable interest that would otherwise be payable to the member under the rules of the Retirement System.
- (C) The alternate payee's share of the refund under this Section VI shall be paid when the member's refund is paid.

VII. The Retirement System shall pay to the alternate payee the indicated amounts of any death benefits that become payable to the member's death benefit beneficiaries or estate under the following terms and conditions:

- (A) To the extent and only to the extent required to effectuate this Section VII, the alternate payee shall be designated as and considered to be a beneficiary of the member at the time of the member's death and shall receive [complete ONE of the following options]:
  - (1) \$ \_\_\_\_\_ [enter amount]; or
  - (2) \_\_\_\_\_ % [enter percentage] of the marital portion of death benefits, with the marital portion defined using the formula in Section IX; or
  - (3) \_\_\_\_\_ % [enter percentage] of the gross amount of death benefits calculated when said benefits become payable.
- (B) The amount payable to an alternate payee under Section VII(A)(2) or VII(A)(3) shall include any applicable interest payable to the death benefit beneficiaries under the rules of the Retirement System.
- (C) The alternate payee's share of death benefits under this Section VII shall be paid as soon as administratively possible after the member's death.

VIII. If this Order indicates that the alternate payee is to receive a percentage of any retirement benefit or refund, upon receipt of the information required to be provided by the Retirement System under Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), the calculations required shall be performed by the member, by the alternate payee, or by their designated representatives or designated experts. The results of the calculations shall be provided to the Retirement System via a QILDRO Calculation Court Order in accordance with Section 1-119 of the Illinois Pension Code.

IX. Marital Portion Benefit Calculation Formula (Option to calculate benefit in items III(A)(2), V(A)(2), VI(A)(2), and VII(A)(2) above). If in this Section "other" is circled in the definition of A, B, or C, then a supplemental order must be entered simultaneously with this QILDRO clarifying the intent of the parties or the Court as to that item. The supplemental order cannot require the Retirement System to take any action not permitted under Illinois law or the Retirement System's administrative rules. To the extent that the supplemental order does not conform to Illinois law or administrative rule, it shall not be binding upon the Retirement System.

- (1) The amount of the alternate payee's benefit shall be the result of  $(A/B) \times C \times D$  where:

"A" equals the number of months of \_\_\_\_ regular/ \_\_\_\_ regular plus permissive/ \_\_\_\_ other [check only one] service that the member accumulated in the Retirement System from the date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ [enter date MM/DD/YYYY] to the date of divorce \_\_\_\_/\_\_\_\_/\_\_\_\_ [enter date MM/DD/YYYY]. This number of months of service shall be calculated as whole months after receipt of information required from the Retirement System pursuant to Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).

"B" equals the number of months of \_\_\_\_ regular/ \_\_\_\_ regular plus permissive/ \_\_\_\_ other [check only one] service that the member accumulated in the Retirement System from the time of initial membership in the Retirement System through the member's effective date of retirement. The number of months of service shall be calculated as whole months after receipt of information required from the Retirement System pursuant to Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).

"C" equals the gross amount of:

- (i) the member's monthly retirement benefit (Section III(A)) calculated as of the member's effective date of retirement, \_\_\_\_\_ including/ \_\_\_\_\_ not including/ \_\_\_\_\_ other [check only one] permissive service, upgrades purchased, and other benefit formula enhancements;
- (ii) the member's refund payable upon termination or lump sum retirement benefit that becomes payable, including any payable interest (Section V(A)) calculated as of the time said refund becomes payable to the member;
- (iii) the member's partial refund, including any payable interest (Section VI(A)) calculated as of the time said partial refund becomes payable to the member; or
- (iv) the death benefit payable to the member's death benefit beneficiaries or estate, including any payable interest (Section VII(A)) calculated as of the time said benefit becomes payable to the member's beneficiary;

whichever are applicable pursuant to Section III, V, VI, or VII of this Order. These gross amounts shall be provided by the Retirement System pursuant to Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).

"D" equals the percentage noted in Section III(A)(2), V(A)(2), VI(A)(2), or VII(A)(2), whichever are applicable.

- (2) The alternate payee's benefit under this Section IX shall be paid in accordance with all Sections of this Order that apply.

X. In accordance with subsection (j) of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), so long as this QILDRO is in effect, the member may not elect a form of payment of the retirement benefit that has the effect of diminishing the amount of the payment to which the alternate payee is entitled, unless the alternate payee has consented to the election in writing, the consent has been notarized, and the consent has been filed with the Retirement System.

XI. If the member began participating in the Retirement System before July 1, 1999, this Order shall not take effect unless accompanied by the written consent of the member as required under subsection (m) of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).

XII. The Court retains jurisdiction over this matter for all of the following purposes:

- (1) To establish or maintain this Order as a Qualified Illinois Domestic Relations Order.

- (2) To enter amended QILDROs and QILDRO Calculation Court Orders to conform to the parties' Marital Settlement Agreement or Agreement for Legal Separation ("Agreement"), to the parties' Judgment for Dissolution of Marriage or Judgment for Legal Separation ("Judgment"), to any modifications of the parties' Agreement or Judgment, or to any supplemental orders entered to clarify the parties' Agreement or Judgment.
- (3) To enter supplemental orders to clarify the intent of the parties or the Court regarding the benefits allocated herein in accordance with the parties' Agreement or Judgment, with any modifications of the parties' Agreement or Judgment, or with any supplemental orders entered to clarify the parties' Agreement or Judgment. A supplemental order may not require the Retirement System to take any action not permitted under Illinois law or the Retirement System's administrative rules. To the extent that the supplemental order does not conform to Illinois law or administrative rule, it shall not be binding upon the Retirement System.

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

[Judge's Signature]

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**QILDRO CALCULATION COURT ORDER**

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[Court Case Caption]

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[Court Case Number]

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[Name of Court]

**CITY OF DES PLAINES POLICE PENSION FUND**

THIS CAUSE coming before the Court for the purpose of the entry of a QILDRO Calculation Court Order under the provisions of Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119), the Court having jurisdiction over the parties and the subject matter hereof; the Court finding that a QILDRO has previously been entered in this matter, that the QILDRO has been received and accepted by the Retirement System, and that the QILDRO requires percentage calculations to allocate the alternate payee's share of the member's benefit or refund, the Court not having found that the QILDRO has become void or invalid, and the Court being fully advised;

**IT IS HEREBY ORDERED AS FOLLOWS:**

- (1) The definitions and other provisions of Section 1-119 of the Illinois Pension Code [40 ILCS 5/1-119] are adopted by reference and made a part of this Order.
- (2) Identification of Retirement System and parties:

Retirement System: **CITY OF DES PLAINES POLICE PENSION FUND**  
**1420 Miner Street**  
**Des Plaines, Illinois 60016**

Member:

---

[Member's Name]

---

[Member's Mailing Address]

---

[Member's Social Security Number]

Alternate payee:

\_\_\_\_\_  
[Alternate Payee's Name]

\_\_\_\_\_  
[Alternate Payee's Mailing Address]

\_\_\_\_\_  
[Alternate Payee's Social Security Number]

The alternate payee is the member's [check one]:

\_\_\_\_\_ current or former spouse

\_\_\_\_\_ child or other dependent

(3) The following shall apply if and only if the QILDRO allocated benefits to the alternate payee in the specific Section noted. The Retirement System shall pay the amounts as directed below, but only if and when the benefits are payable pursuant to the QILDRO and Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119). Parties shall see QILDRO Section IX for the definitions of A, B, C and D as used below.

(a) The alternate payee's benefit pursuant to QILDRO Section III(A)(2) shall be calculated pursuant to Section IX of the QILDRO and paid as follows:

$$\left( \frac{\text{[Enter A]}}{\text{[Enter B]}} \right) \times \frac{\text{[Enter C]}}{\text{[Enter D]}} = \text{[Monthly Amount]}$$

(b) The alternate payee's benefit pursuant to QILDRO Section V(A)(2) shall be calculated pursuant to Section IX of the QILDRO and paid as follows:

$$\left( \frac{\text{[Enter A]}}{\text{[Enter B]}} \right) \times \frac{\text{[Enter C]}}{\text{[Enter D]}} = \text{[Amount]}$$

(c) The alternate payee's benefit pursuant to QILDRO Section VI(A)(2) shall be calculated pursuant to Section IX of the QILDRO and paid as follows:

$$\left( \frac{\text{[Enter A]}}{\text{[Enter B]}} \right) \times \frac{\text{[Enter C]}}{\text{[Enter D]}} = \text{[Amount]}$$

(d) The alternate payee's benefit pursuant to QILDRO Section VII(A)(2) shall be calculated pursuant to Section IX of the QILDRO and paid as follows:

$$\left( \frac{\text{[Enter A]}}{\text{[Enter B]}} \right) \times \frac{\text{[Enter C]}}{\text{[Enter D]}} = \text{[Amount]}$$

The Retirement System's sole obligation with respect to the equations in this paragraph (3) is to pay the amounts indicated as the result of the equations. The Retirement System shall have no obligation to review or verify the equations or to assist in the calculations used to determine such amounts.

(4) The following shall apply only if the QILDRO allocated benefits to the alternate payee in the specific Section noted. The Retirement System shall pay the amounts as directed below, but only if and when the benefits are payable pursuant to the QILDRO and Section 1-119 of the Illinois Pension Code (40 ILCS 5/1-119).

(a) The alternate payee's benefit pursuant to QILDRO Section III(A)(3) shall be calculated and paid as follows:

$$\frac{\text{[Gross benefit amount]}}{\text{[Gross benefit amount]}} \times \frac{\text{[Percentage]}}{\text{[Percentage]}} \% = \frac{\text{[Monthly Amount]}}{\text{[Monthly Amount]}}$$

(b) The alternate payee's benefit pursuant to QILDRO Section V(A)(3) shall be calculated and paid as follows:

$$\frac{\text{[Gross benefit amount]}}{\text{[Gross benefit amount]}} \times \frac{\text{[Percentage]}}{\text{[Percentage]}} \% = \frac{\text{[Amount]}}{\text{[Amount]}}$$

(c) The alternate payee's benefit pursuant to QILDRO Section VI(A)(3) shall be calculated and paid as follows:

$$\frac{\text{[Gross benefit amount]}}{\text{[Gross benefit amount]}} \times \frac{\text{[Percentage]}}{\text{[Percentage]}} \% = \frac{\text{[Amount]}}{\text{[Amount]}}$$

(d) The alternate payee's benefit pursuant to QILDRO Section VII(A)(3) shall be calculated and paid as follows:

$$\frac{\text{[Gross benefit amount]}}{\text{[Gross benefit amount]}} \times \frac{\text{[Percentage]}}{\text{[Percentage]}} \% = \frac{\text{[Amount]}}{\text{[Amount]}}$$

The Retirement System's sole obligation with respect to the equations in this paragraph (4) is to pay the amounts indicated as the result of the equations. The Retirement System shall have no obligation to review or verify the equations or to assist in the calculations used to determine such amounts.

(5) The Court retains jurisdiction over this matter for the following purposes:

(a) To establish or maintain this Order as a QILDRO Calculation Court Order;

- (b) To enter amended QILDROs and QILDRO Calculation Court Orders to conform to the parties' QILDRO, Marital Settlement Agreement or Agreement for Legal Separation ("Agreement"), to the parties' Judgment for Dissolution of Marriage or Judgment for Legal Separation ("Judgment"), to any modifications of the parties' QILDRO, Agreement, or Judgment, or to any supplemental orders entered to clarify the parties' QILDRO, Agreement, or Judgment; and
- (c) To enter supplemental orders to clarify the intent of the parties or the Court regarding the benefits allocated herein in accordance with the parties' Agreement or Judgment, with any modifications of the parties' Agreement or Judgment, or with any supplemental orders entered to clarify the parties' Agreement or Judgment. A supplemental order may not require the Retirement System to take any action not permitted under Illinois law or the Retirement System's administrative rules. To the extent the supplemental order does not conform to Illinois law or administrative rule, it shall not be binding upon the Retirement System.

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
[Judge's Signature]

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**ANNUAL AFFIDAVIT OF CONTINUED ELIGIBILITY**

State of \_\_\_\_\_

County of \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

(NO P.O. BOXES)

CITY/TOWN: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

(With area code)

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I **DO NOT** WISH TO SHARE THIS INFORMATION WITH OTHER PENSIONERS.

The Undersigned, being first duly sworn on oath, deposes and states:  
I am currently a beneficiary of the Des Plaines Police Pension Fund. I certify, under oath,  
that I am still eligible for the pension I am currently receiving.

\_\_\_\_\_  
**Signature of Beneficiary**

Subscribed and sworn before me on \_\_\_\_\_, 2004 by the above named person, who  
is (check one)

Personally known to me

Presented the following identification to verify his/her identity:

\_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)

FORM 18

**BOARD OF TRUSTEES OF THE DES PLAINES POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS  
CHANGE IN BENEFIT INFORMATION REQUEST FORM**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(no P.O. Box)

City/State/Zip: \_\_\_\_\_

Telephone: Area Code: \_\_\_\_\_ Number \_\_\_\_\_

Fax: Area Code: \_\_\_\_\_ Number \_\_\_\_\_

E-Mail: \_\_\_\_\_

The undersigned being duly sworn on oath, deposes and states:  
I am currently a beneficiary of the Des Plaines Police Pension Fund. I certify, under oath,  
that I am still eligible for the benefit I am currently receiving, and request:

(MARK ALL APPLICABLE BOXES)

- That my address on the records of the Des Plaines Police Pension Fund be changed to the address listed above.
- That my direct deposit information be changed as follows:

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank ID Number: \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF A VOIDED CHECK FROM THIS ACCOUNT**

\_\_\_\_\_  
Signature of Beneficiary

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_ by the above  
named person, who is (check one):

- Personally known to me.
- Presented the following identification to verify his/her identity:

\_\_\_\_\_ Number:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

(SEAL)

**BOARD OF TRUSTEES OF THE DES PLAINES POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**ELECTRONIC ATTENDANCE REQUEST**

I hereby request to electronically attend the meeting of the Des Plaines Police Pension Board on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ p.m.

I am eligible to participate electronically because of [check one]:

\_\_\_\_\_ (1) personal illness or disability  
Description of illness or disability: \_\_\_\_\_

\_\_\_\_\_ (2) employment purposes  
Name of employer: \_\_\_\_\_

\_\_\_\_\_ (3) business of the public body  
Specify nature of business: \_\_\_\_\_

\_\_\_\_\_ (4) a family emergency  
Name of family member involved: \_\_\_\_\_  
Relationship to member: \_\_\_\_\_  
Nature of emergency: \_\_\_\_\_

\_\_\_\_\_ (5) another emergency  
Specify nature of the emergency: \_\_\_\_\_

During the meeting, I will be at the following location: \_\_\_\_\_

and reachable at the following phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Date

**OR**

Request received by \_\_\_\_\_ phone \_\_\_\_\_ e-mail

\_\_\_\_\_  
Signature of Board President/Board Secretary

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

APPROVED by the Board of Trustees of the Des Plaines Police Pension Fund:

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

Date: \_\_\_\_\_, 200\_\_

FORM 20