

CITY OF MEMPHIS RETIREMENT SYSTEM
Dependent Allowance Affidavit

I, hereby, apply for a dependent allowance (Spouse/Child) under the provisions of an ordinance creating and establishing a retirement and pension system.

1. YOUR NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
DAYTIME TELEPHONE # _____ EVENING TELEPHONE # _____

2. YOUR DATE OF BIRTH: _____

3. DECEASED MEMBER'S NAME: _____

4. DECEASED MEMBER'S SS#: _____

5. WHAT DIVISION DID THE DECEASED MEMBER RETIRE FROM: _____

6. DATE OF DEATH: _____

7. RELATIONSHIP TO MEMBER AT TIME OF DEATH:
MARRIED () SEPARATED () DIVORCED () CHILD ()

8. DATE OF MARRIAGE: _____

9. CHECK WHAT EVIDENCE YOU HAVE TO ESTABLISH RELATIONSHIP:
MARRIAGE LICENSE () BIRTH CERTIFICATE ()

10. HAVE YOU REMARRIED: YES () NO ()

11. LIST ALL CHILDREN UNDER AGE 22:

	NAME	DATE OF BIRTH	SEX
A.	_____	____/____/____	_____
B.	_____	____/____/____	_____
C.	_____	____/____/____	_____

I, the above named person, having duly sworn, do on my oath depose and say: I am the person who made the foregoing statement, that I have carefully read the above questions and the answers hereto, and understand same; that each of the above answers is full, complete, and true, and no material fact has been concealed or omitted therefore, and that the same answers are made for presentation to the Board of Administration of the City of Memphis in applying for a dependent allowance that may be payable to me under an ordinance creating and establishing a retirement and pension system for certain employees of the City of Memphis, and for their dependents.

_____/_____/_____
Signature Social Security Number Date

Notary Signature/Seal Or Benefits Representative

RETIREMENT BENEFIT ELECTION FORM

Name: _____

Social Security Number: _____

Division: _____

I understand that this form pertains to coverage that I am currently enrolled in through the City of Memphis. This is not an application to enroll in any coverage in which I am not currently a participant or eligible to enroll in.

_____ I elect to maintain my Health Insurance through the City of Memphis.

_____ I elect **not** to maintain my Health Insurance through the City of Memphis.

_____ I elect to maintain my Dental Insurance through the City of Memphis.

_____ I elect **not** to maintain my Dental Insurance through the City of Memphis.

_____ I elect to maintain my Vision Insurance through the City of Memphis.

_____ I elect **not** to maintain my Vision Insurance through the City of Memphis.

***Widows of deceased retirees or deceased active employees under the age of 65 will be enrolled in the "Access Only" medical plans unless they are grandfathered in with a Line of Duty status or are Medicare eligible. Please allow up to 45 days for your widow's coverage to update after pension board approval. Failure to make a selection will result in termination of coverage.**

Signature

Date

Department Retiree

Social Security # _____ - _____ - _____

**CITY OF MEMPHIS
AUTHORIZATION FOR DIRECT DEPOSIT**

I hereby authorize the City of Memphis to initiate credit entries to my checking account. A voided check on the personalized checking account must be attached. No deposit slips will be accepted.

This authority is to remain in full force and effect until the City of Memphis has written notification from me of its termination and the City will have reasonable time to implement.

Date _____

Signed _____

