Palm Beach County Firefighters' Retirement Insurance Fund–2020 Affidavit of Continued Eligibility

Mail/Secure Upload completed form to:
Anchor Benefit Consulting, Inc. | PO Box 945260 | Maitland, FL 32794 | Phone: 1-800-845-7629 | Upload: http://www.anchorbenefit.com/secure-file-upload.html

AFFIDAVIT OF CONTINUED ELIGIBILITY

This affidavit is executed this _____ day of _____ 20____ by _____
Retiree Name

confirming that I have health insurance coverage with the following company.

HEALTH INSURANCE INFORMATION

_____ _(_____)_____
Name of Health Insurance Company — Area Code and Phone Number of Insurance Company

_____ _____ _____ _____
Mailing Address — City — State — Zip Code

_____ _____
Insurance Policy Number — Insurance Group Number

IMPORTANT: I have attached a copy of my current health insurance card and had this form notarized. This benefit must be used for the purchase of health insurance or other qualified medical expenses.

_____
Signature of Retiree

ACKNOWLEDGEMENT

State of _____, County of _____.

Before me, _____, personally appeared, known to me, or proved to me through description of an
Retiree Name
identification card or other document, to be the person whose name is shown on this form and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Type of identification produced _____.

Given under my hand and seal of office this _____ day of 20_____.

_____ _____
Notary Public's Signature — Notary's Seal Stamp