## Palm Beach County Firefighters' Retirement Insurance Fund-2021 Affidavit of Continued Eligibility

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AFFIDAVIT OF CONTINUED ELIGIBILITY						
This affidavit is executed this	day of					
Retiree Name confirming that I have health insurance coverage with the following company.						
HEALTH INSURANCE INFO	DRMATION					
Name of Health Insurance Company		() Area Code and P	hone Number of	Insurance Compan	y	
Mailing Address				State	Zip Code	
Insurance Policy Number		nsurance Group Number				
		Signature of Retiree				
ACKNOWLEDGEMENT						
State of	•					
Retiree N identification card or other document	lame				that he /she executed the	
same for the purposes and considerat	-			J		
Given under my hand and seal of office	_		produced		·	
·		•				
Notary Public's Signature	<u>_</u>	Notary's Seal Stamp				