

Palm Beach County Firefighters' Retirement Insurance Fund–2023 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