

**THE RETIREMENT BOARD  
of the  
FIREMEN'S ANNUITY AND BENEFIT FUND  
OF CHICAGO**

20 S. Clark Street  
(312) 726-5823  
Marshall Line 9261

Suite 300  
Chicago, IL 60603-1896  
Fax (312) 726-2316  
<http://www.fabf.org>  
(800) 782-7425

**THIS SPACE FOR  
OFFICE USE ONLY**

File # \_\_\_\_\_

Company: \_\_\_\_\_

**REQUEST FOR PERMISSION TO RESIDE  
OUTSIDE THE STATE OF ILLINOIS**

I, \_\_\_\_\_, currently receiving  
Duty Disability/Occupational Disease Disability benefits, am requesting permission to reside out  
of the State of Illinois as permitted under 40 ILCS, Act 5, Section 6-154 as follows:

**... Disability pension or disability benefit shall not be paid to any fireman while he  
resides outside the State of Illinois, unless such residence is by permission of the Board.**

I understand that the Retirement Board ("Board") of the Firemen's Annuity and Benefit  
Fund of Chicago ("Fund") has the authority to require further medical evaluation relating to my  
continued disabled status. It is my responsibility to comply with the Board's requirements for  
medical testing. Failure to do so may result in the suspension or termination of my disability  
benefits.

In such event that the Board requires medical evaluation or testing, I understand that it is  
my responsibility to return for such evaluation or testing and that I am responsible for my travel,  
living and any incidental expenses incurred to comply with the Board's request.

I further understand that I must keep the Fund informed at all times as to my current  
address and telephone number.

*Please provide all information on the reverse side*

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

File # \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Out of State Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Out of State Number: \_\_\_\_\_

Out of state address is unknown at this date.

*Within 60 days of the date this form is submitted, I understand I must provide a current out of state address and that failure to do so may result in rescinding of the Board's consent for me to reside out of state.*

**THIS FORM MUST BE RETURNED WITH A COPY OF YOUR DRIVER'S LICENSE/STATE ID. FORMS RETURNED WITHOUT REQUIRED PICTURE ID CANNOT BE PROCESSED.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*In those instances where the disabled member is unable to provide a permanent address at the time permission to reside out of state is requested, approval, if granted, will be for 60 day period. Such members must provide proof of the out of state residence within the 60 day period or the approval to reside out of state is automatically rescinded.*