VILLAGE OF LOMBARD, ILLINOIS

AFFIDAVIT FOR COVERAGE UNDER
PUBLIC SAFETY EMPLOYEE BENEFITS ACT 820 ILCS 320/1, *ET SEQ.* ("PSEBA")

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

The undersigned states under oath as follows:

Name of Public Safety Officer:_____

Name of Person preparing and signing this affidavit: _____

List surviving spouse, legally recognized partner and/or dependents:

NAME	MARITAL STATUS	DATE OF BIRTH

Employment Status of Public Safety Officer ***(select one of a or b)***:

a. ( ) Employed by: _____
Address of Employer: _____
_____

b. ( ) Not employed

a. Health Insurance Coverage of Public Safety Officer

Please indicate whether ***(select one of a or b)***:

a. ( ) No other health insurance coverage is available to the Public Safety Officer other than PSEBA benefits

b. ( ) Other coverage is available from (***check all that apply***):

( ) My current employer's plan

( ) My spouse's employer's plan

( ) COBRA from a former employer

( ) Medicare

( ) Other _____

c. If there is other coverage available, please indicate monthly amount paid or payable by Public Safety Officer for such coverage $_____

d. Is there any other coverage for the Public Safety Officer, spouse, legally recognized partner or dependants?

_____ Yes _____ No

e. Is the Public Safety Officer presently covered under another health insurance policy?

_____ Yes _____ No

f. If yes , please provide the following:

This coverage began on _____***(insert date)***

This coverage runs until _____ ***(insert last month of coverage)***

Individual policy issued by _____

Policy No. _____

Provide the following information about insurance carrier or third party administrator of each other health plan or policy that is available to Public Safety Officer (including coverage not currently in effect):

Name of contact person _____

Address _____

Phone _____

Web or E-Mail _____

Employment Status of spouse or legally recognized partner:

a. Is spouse/legally recognized partner employed?

____ Yes ____ No

b. Name and address of spouse's/legally recognized partner's employer:

_____

_____

c. Is health insurance coverage available from spouse's/ legally recognized partner's employer?

_____ Yes _____ No

d. Does spouse/ legally recognized partner have health insurance?

_____ Yes _____ No

e. Is the Public Safety Officer covered under this policy?

_____ Yes _____ No

f. If yes to paragraph d and/or e above, please provide the following:

This coverage began on _____***(insert date)***

This coverage runs until _____ ***(insert last month of coverage)***

Individual policy issued by _____

Policy No. _____

Provide the following information about insurance carrier or third party administrator of each other health plan or policy that is available to Public Safety Officer (including coverage not currently in effect):

Name of contact person _____

Address _____

Phone _____

Web or E-Mail _____

g. Is spouse/legally recognized partner currently eligible for Medicare?

If the answer to this question is no, please provide the date when spouse/legally recognized partner is eligible for Medicare:

_____

Employment Status of Dependants eligible for PSEBA benefits:

a. Are any dependants of the Public Safety Officer eligible for PSEBA benefits employed?

____ Yes ____ No

b. If yes, list the name of dependant and the name and address of each dependant's employer:

_____
_____

c. Is health insurance coverage available from dependant's employer?

_____ Yes _____ No

d. Does the dependant have health insurance?

_____ Yes _____ No

e. Is the Public Safety Officer covered under this policy?

_____ Yes _____ No

f. If yes to paragraph d and/or e above, please provide the following:

This coverage began on _____***(insert date)***

This coverage runs until _____ ***(insert last month of coverage)***

Provide the following information about insurance carrier or third party administrator of each other health plan or policy that is available to Public Safety Officer (including coverage not currently in effect):

Name of contact person _____

Address _____

Phone _____

Web or E-Mail _____

Medical Information

To determine continuing eligibility for PSEBA benefits, the Village of Lombard may need to review relevant medical records of the applicant and/or the injured Public Safety Officer. In order to process an application for coverage, it is necessary that you complete and provide to the Village the attached waiver form to authorize the Village to obtain and review copies of these medical records.

Agreement to Update Information

If any of the information provided in this application changes, I agree to provide documentation to the Village of Lombard within 30 days of such change, including in particular any change (i.e., to being divorced, widowed or married) in the marital or legally recognized partnership status of the Public Safety Officer spouse or dependents reaching age 25, and the availability of any other health coverage to any person listed above. I also agree to forward

copies of notice of any changes in coverage or the cost of it that I or my spouse or legally recognized partner receives in sufficient time to permit the Village to consider payment or stopping payment of premiums for such coverage in the future.

This statement is made for the sole purpose of receiving benefits provided by the Village of Lombard under the Public Safety Employee Benefits Act. Under penalty of perjury, the information contained in this application is true and correct.

It is unlawful for a person to willfully and knowingly make, or cause to be made, or to assist, conspire with, or urge another to make, or cause to be made, any false, fraudulent, or misleading oral or written statement to obtain health insurance coverage as provided by the Public Safety Employee Benefits Act. 820 ILCS 320/10(a)(2). Such actions constitute a Class A Misdemeanor and can serve as the basis for denial of coverage and an obligation to repay any benefits paid out under the Public Safety Employee Benefits Act. 820 ILCS 320/10(a)(3).

Signature:_____ Date:_____

Subscribed and sworn to before me this

_____ day of _____, 20____.

_____
Notary Public