



POLICE AND FIRE PENSION FUND

ONE WEST ADAMS STREET, SUITE 100
JACKSONVILLE, FLORIDA 32202-3616
(904) 255-7373

"We Serve....and We Protect"

AFFIDAVIT AND AGREEMENT OF CONTINUED ELIGIBILITY FOR BENEFITS FROM THE JACKSONVILLE POLICE AND FIRE PENSION FUND

As a Pensioner of the Jacksonville Police and Fire Pension Fund ("Pension Fund"), in order to continue to receive pension benefits from the Pension Fund, upon oath or affirmation, I (Affiant) state:

1. I am entitled to continue receiving pension benefits pursuant to the terms of the Pension Fund;
2. I have _____ / I have not _____ [*check as applicable*] caused to be made, or assisted, conspired or urged another person to make, any false, fraudulent, or misleading oral or written statement or withheld or concealed material information to obtain any benefit available under the Pension Fund;
3. I am _____ / I am not _____ [*check as applicable*] currently employed by the consolidated government of the City of Jacksonville, Florida, which includes, but is not limited to, any of its offices, departments, independent authorities or agencies, including the Jacksonville Sheriff's Office, JEA, Jacksonville Port Authority, Jacksonville Aviation Authority, Jacksonville Transportation Authority, Jacksonville Housing Finance Authority and Jacksonville Housing Authority ("City");
4. I have _____ / I have not _____ [*check as applicable*] been employed by the City within the last twelve months from the date of this Affidavit;
5. I do have _____ / I do not have _____ [*check as applicable*] a company, firm or business by which I am employed or in which I have an ownership interest or for which I serve as an officer, partner, or director, that currently **has** or has had a contract with the City within the past twelve months from the date of this Affidavit;
6. By executing this Affidavit, I agree to notify the Jacksonville Police and Fire Pension Board of Trustees' office immediately if I accept employment with the City or if a company, firm, or business by which I am employed or in which I have an ownership interest or for which I serve as an officer, partner, or director is retained to provide contract services for the City;
7. I acknowledge that acceptance of City employment positions (other than elected official, election poll worker, Court Bailiff, Sheriff's Office Logistical and Technical Support Officer, Corrections Mail Coordinator, Aviation Supervisor, Court Bailiff Supervisor, Corrections Bond Custodian or such other positions as provided in Section 121.105(d), *Ordinance Code*, as may be amended), will result in the suspension of my pension benefit during such employment periods.

- 45 8. I acknowledge that according to Sections 175.195 and 185.185, Florida Statutes, it is
46 unlawful for a person to willfully and knowingly make, or cause to be made, or to assist,
47 conspire with, or urge another to make, or cause to be made, any false, fraudulent, or
48 misleading oral or written statement or withhold or conceal material information to obtain
49 any benefit available under a retirement plan receiving funding under Chapter 175 and
50 Chapter 185, Florida Statutes, and to do such is a first-degree misdemeanor and, if
51 convicted of such crime, grounds for permanent loss and forfeiture of all pension, death
52 and survivor benefits from the Police and Fire Pension Fund;
53
- 54 9. I acknowledge that failure to provide an annual certification affidavit in accordance with
55 Section 121.112(d), *Ordinance Code*, shall subject my pension benefits to suspension in
56 accordance with the rules and regulations prescribed by the Jacksonville Police and Fire
57 Pension Board of Trustees;
58

59 Based on the foregoing sworn statements, if you **are** presently or have during the past 12
60 months been employed by the City, including any of its offices, departments, independent
61 authorities or agencies, **OR** if you or a company, firm or business by which you are employed or
62 in which you have an ownership interest or for which you serve as an officer, partner, or
63 director, currently **has** or has had a contract with the City, including any of its offices,
64 departments, independent authorities or agencies, within the past twelve months, please
65 provide the following:
66

67 Name of City Department, Authority or Agency: _____
68
69 Type of work performed: _____
70
71 Date employment or contract began: _____
72 Date employment or contract ended (If not still ongoing): _____
73 If applicable, please enclose a copy of the contract with this Affidavit.
74
75

AFFIANT/PENSIONER:

76 _____
77 Signature
78 Print Name: _____
79 _____
80 Last four of Social Security #
81 _____
82 Area Code & Phone Number
83 _____

84 STATE of _____
85 COUNTY of _____
86

87 The above statement was personally signed, sworn to or acknowledged before me by
88 the person first named above who is (check one) personally known to me or provided as
89 proof the following identification _____, on this ____ day of _____
90 _____,
91 2017.
92

93 _____
94 **NOTARY SIGNATURE / STAMP**

95 **NOTARIZED AFFIDAVIT MUST BE RETURNED TO OUR OFFICE NO LATER THAN _____**
96