

Name:

Address:

City Employment:

I participate in the (police, fire, municipal, laborers?) Fund.

Date of Hire:

Date of Retirement:

Monthly Annuity:

Medicare Qualified? Yes/no

Current Healthcare monthly premium rate:

New 2016 announced rate:

The new rates are difficult or impossible for me and cause me great hardship because: (please put in detailed reasons)

Under penalty of perjury, I certify that the above statements are true. This statement may be submitted to the court.

Signature:

**Send, fax, or email to Clint Krislov Krislov & Associates, Ltd. Civic Opera Building, Suite 1300
20 North Wacker Drive Chicago, Illinois 60606 Phone: 312-606-0500 Fax: 312-739-1098
Email: clint@krislovlaw.com Website: www.krislovlaw.com**