



IPPFA Heroes Family Fund

Taking Care of Those That Have Taken Care of Us

2587 Millennium Drive, Unit C, Elgin, IL 60124

(630) 784-0406

Heroes Family Fund Benefit Application

SECTION 1 – NOMINATOR INFORMATION:

Request Date: _____

Pension Fund: _____

Is the Pension Fund membership current: Yes____ No ____

Pension Fund Contact Person: _____

Pension Fund Contact e-mail address: _____

Pension Fund Contact phone number: _____

Nominator Name: _____

Nominator e-mail: _____

Nominator Phone: _____

SECTION 2 - OFFICER/FIREFIGHTER INFORMATION:

Name: _____

Department: _____

Position/Rank: _____

Date of Incident: _____

Status:

_____ Killed in the Line of Duty

_____ Catastrophically Injured in the Line of Duty



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Briefly describe the injury/incident:

SECTION 3 – BENEFIT PAYMENT INFORMATION:

Who should receive the payment: _____

Relationship to the Officer/Firefighter: _____

Mailing address: _____

E-mail: _____ Phone: _____

Heroes Family Fund Office Use Only

Application received: _____

Eligibility Verified: Yes _____ No _____

Board Approval Date: _____

Benefit Amount: _____

Date Issued: _____