



CITY OF MARGATE EMPLOYEE BENEFIT TRUST FUND

c/o Anchor Benefit Consulting ♦ P.O. Box 945260, Maitland, FL 32794 ♦ (800) 845-7629

2023 AFFIDAVIT OF CONTINUED ELIGIBILITY

IMPORTANT: THIS FORM MUST BE SUBMITTED BY **NOVEMBER 15 TO RECEIVE BENEFITS THE FOLLOWING JANUARY.**

Yes No **Please check "Yes" or "No" for each line.**

		1. Are you still receiving the same FRS benefit as originally filed?
		2. Have you provided proof of an insurance premium such as an invoice from your medical provider or pay stub?
		3. Is your insurance provided through the City of Margate? If yes, you do not have to provide number 2.

Member Information Changes - Shaded areas are mandatory. Please have this form notarized.

Name (First, Middle, Last)		<input type="checkbox"/> Please check if new address	
Address			
City		State	Zip Code
Spouse Name	Telephone Number		Other Telephone Number

I HEREBY AFFIRM AND ACKNOWLEDGE that I have received or continue to receive an eligible pension benefit from the Florida Retirement System (FRS) and that I have health insurance coverage with the following company:

Continuing Health Insurance Information

Health Insurance Provider	Group Number	Policy Number	
Address			
City		State	Zip Code
Telephone Number			Annual Premium

Designation of Beneficiary Changes - List any changes below

Name of beneficiary			
Address			
City		State	Zip Code
Relationship			Other Telephone Number

(Print Full Name) (Signature of Affiant) (Date)

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me **by means of** **physical presence** or **online notarization**

this _____ day of _____, 20_____

By _____ Notary Signature _____
(Name of Person Making Statement)

My commission expires: _____ Personally Known: or ID Type: _____

(seal)