

**FORM S**  
**VILLAGE OF HAMPSHIRE**  
**POLICE PENSION FUND**  
**APPLICATION FOR CONVERSION OF DISABILITY PENSION TO RETIREMENT PENSION**

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*Please attach a copy of your request for retirement.*

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Age: \_\_\_\_\_

Date of appointment: \_\_\_\_\_, \_\_\_\_\_.

Member of the Police Department for \_\_\_\_\_ year(s), \_\_\_\_\_ month(s)

Date of application for retirement pension from the Fund: \_\_\_\_\_, \_\_\_\_\_.

On \_\_\_\_\_, \_\_\_\_\_, I was granted a \_\_\_\_\_ (indicate line of duty, occupational, or non-duty) disability pension by the Board of Trustees of the Village of Hampshire Police Pension Fund. I have been receiving a disability pension for \_\_\_\_\_ year(s), \_\_\_\_\_ month(s), and \_\_\_\_\_ day(s).

Please indicate any time periods that would not count as creditable service under Section 3-110 of the Illinois Pension Code (40 ILCS 5/3-110) (furloughs and leaves of absence with no pay exceeding 30 days in any one year where no required contribution was made to the Fund) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby elect to convert my disability pension to a retirement pension pursuant to Section 3-116.1 of the Illinois Pension Code (40 ILCS 5/3-116.1).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

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**FOR BOARD USE ONLY**

Received by \_\_\_\_\_ on \_\_\_\_\_ (date)

Signature \_\_\_\_\_

The foregoing application having been duly presented and considered by the Board of Trustees of the Village of Hampshire Police Pension Fund, the same is hereby Approved/Rejected (circle one) this \_\_\_\_\_ day of \_

\_\_\_\_\_, \_\_\_\_\_.

**BOARD OF TRUSTEES OF THE VILLAGE OF  
HAMPSHIRE POLICE PENSION FUND**

By: \_\_\_\_\_  
President

By: \_\_\_\_\_  
Secretary