

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT  
POLICEMEN'S AND FIRE FIGHTERS' RETIREMENT FUND  
SUPPLEMENT QUESTIONNAIRE

Name: \_\_\_\_\_  
(Please Print)

Employee No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

As of this date I am: Married ( ) Not Married ( ) Date of Marriage: \_\_\_\_\_

I have the following dependents (include spouse, if married):

\_\_\_\_\_  
(Name) (Relationship) (Date of Birth)

\_\_\_\_\_  
(Name) (Relationship) (Date of Birth)

\_\_\_\_\_  
(Name) (Relationship) (Date of Birth)

\_\_\_\_\_  
(Name) (Relationship) (Date of Birth)

\_\_\_\_\_  
(Name) (Relationship) (Date of Birth)

I swear (or affirm) that the information provided in my pension application form and in this supplement questionnaire is true and accurate and that I have made no false representations in order to receive my pension.

Dated at Lexington, Kentucky, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's signature and rank

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Telephone Number