EXINGTON-FAYETTE URBAN COUNTY GOVERNMENT POLICEMEN'S AND FIRE FIGHTERS' RETIREMENT FUND SUPPLEMENT QUESTIONAIRE

Name:		
	(Please Print)	
Employee No.:	Social Security I	No.:
As of this date I am: Marrie	ed () Not Married ()
If married, my date of Marr	iage was:	
I have the following depend	dents (including 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 i and in this supplement que no false representations in	estionnaire is true and acc	urate and that I have made
Dated at Lexington, Kentuc	cky, this day of	, 20
Applicant's signature and r	ank	
Address		
City	Zip Code	
Telephone:		