

REQUEST FOR WAIVER OF CFD/EMS FEES

HUMAN RESOURCE DIVISION / CHICAGO POLICE DEPARTMENT

	OF EMS:/:_		LOCATION OF E	MS:
NAME OF PERSON TRANSPORTED: ADDRESS:				TELEPHONE NO.:
			()
SWORN MEMBERS NAME:	RANK:	STAR/E	MPLOYEE #:	UNIT OF ASSIGNMEN
CFD/EMS FOR: SWORN MEMBER				NT SPECIFY RELATIONSHI
() ()ON DUTY ()OFF DUTY () () I attest that the above information is correct to the best of my knowledge and that the above named person receiving CFD/EMS is eligible for exemption of fee. SWORN MEMBERS SIGNATURE: STAR/EMPLOYEE No: DATE: //				
X TIME:: SEND THIS COMPLETED FORM ALONG WITH YOUR CFD/EMS BILL TO THE POLICE DEPARTMENTS HUMAN RESOURCE DIVISION, UNIT 123, WITHIN 30 DAYS OF RECEIVING INVOICE.				
POLICE DEPARTMENT HUMAN RESOURCES ONLY				
CONFIRMED STATUS ELIGIBLE SWORN MEMBER	ELIGIBLE DEPEN	IDENT	NOT ELIGIB	(SPECIFY REASON LE
CONFIRMED BY: HR MEMBERS NAME	SIGNATURE	***************************************	STAR/EMPLY #:	DATE:/
X	X		PH#	TIME::
FAXED TO CITY'S REVENUE BY: X DIVISION MEMBERS NAME	SIGNATURE:		STAR/EMPLY#: #	DATE: //

INSTRUCTIONS FOR PROCESSING CITY OF CHICAGO – AMBULANCE BILLS

Sworn (ACTIVE) members and Retired members are eligible to receive ambulance waivers for themselves as long as it is a CFD ambulance ride.

In the case of a "Sworn Member's" transported by ambulance in the City of Chicago area you will need to provide a copy of the "EMS bill" along with the "Request for Waiver form" filled out.

In the case of an active member's " Dependent's Spouse " you will need to provide proof of insurance, a marriage certificate, the "EMS bill" along with the "Request for Waiver form" filled out.

In the case of a retired member's "Dependent's Spouse" you will need to provide a marriage certificate, the "EMS bill" along with the "Request for Waiver form" filled out.

In the case of a "Dependent's child" under the age of 26 you will need to provide proof of insurance, a copy of the birth certificate, the "EMS bill" along with the "Request for Waiver form" filled out.

Please keep in mind that all dependents must be covered under the member's insurance in order to receive payments for City of Chicago – EMS bills.

Please forward all required documents <u>ambulancewaivers@chicagopolice.org</u> or mail to City of Chicago Headquarters at:

Attention:

Human Resources - Unit 123

3510 S. Michigan Ave.

HR- 3rd Floor Chicago, IL 60653