

ENROLLMENT AFFIDAVIT

I hereby certify that I understand that as a new enrollee applying for membership in the Sheriffs' Pension Fund, I have six (6) months from the date of employment to complete the enrollment process and become a fully active member of the Fund. The enrollment process begins with filling out the enrollment form and medical history, having a physical examination and sending the forms to the Pension Fund office. Also included in this process is the completion and submission of the *Exclusion of Preexisting Conditions for Disability Retirement* form.

I further understand that if I complete the process within the six (6) month period following employment, I will begin vesting for regular and disability benefits from the date of my employment. **If I do not complete the process within the six (6) month period, I will not begin vesting for disability benefits until the date I complete the enrollment process, although vesting for regular retirement will begin with the date of my employment.** If I am injured in the line of duty and apply for disability benefits, I will have the responsibility of proving that the condition was not preexisting.

By signing below, I attest to my full understanding of the information and consequences explained in the paragraphs above.

Enrollee's signature

Enrollee's Typed Name

Parish of Employment

Sworn and subscribed before me this _____ day of _____, _____

Notary Public

Parish