



# WEST PALM BEACH POLICE PENSION FUND OFFICE OF RETIREMENT

2100 North Florida Mango Road  
West Palm Beach, Florida 33409

Phone: 561.471.0802

FAX: 561.471.5027

**ATTENTION REQUIRED – DO NOT DELAY COMPLETE TODAY!!**

TO: Pension Member  
FROM: Jonathan Frost, Chairman  
SUBJECT: Annual Confirmation of Retirement Benefits - 2026  
DATE: May 14, 2026

Dear **Pension Member**:

Greetings, from the Board of Trustees to you and your family. I hope this correspondence finds you doing well. Yet another year has passed and the annual independent audit for the *West Palm Beach Police Pension Fund* will begin shortly.

As part of the audit process, you are being requested to complete the enclosed confirmation form. Once executed and **NOTARIZED**, kindly return the form to the Office of Retirement. If you have the ability, you may scan and return, and if not, you can place in the mail to us. **It is very important that we have this information back to us no later than JULY 15, 2026.** Should you fail to return the form by this date, it may result in the interruption of your monthly benefit payment until said form is received in the office.

Please note that our auditor may also randomly send out inquires, as a form of check and balances. If you receive an additional request sometime in the near future, please complete that request as prescribed.

If you have any questions or concerns, please call the office at any time. Thank you in advance for your assistance in this matter of mutual concern.

Respectfully,

Jonathan Frost, Chairman  
**FOR THE BOARD**

**Scan QR if you wish to return it electronically.**



# IMPORTANT NOTICE FOR CITY OF WEST PALM BEACH POLICE PENSION FUND RECIPIENTS

Subject: Ensuring Timely Contact Upon Your Passing.

The City of West Palm Beach Police Pension Fund is committed to providing timely and accurate benefits to your designated beneficiaries. To help us achieve this, we kindly request your cooperation in ensuring that your next of kin is aware of the following procedure upon your passing:

Upon the death of a retired West Palm Beach Police Pension Fund recipient, your next of kin should promptly contact the Office of Retirement at the following:

West Palm Beach Police Pension Fund  
2100 N. Florida Mango Road  
West Palm Beach, Florida 33409  
Phone: 561.471.0802  
Email: [info@wpbppf.com](mailto:info@wpbppf.com)

Providing timely notification will allow the Pension Fund to:

- \* Initiate the process of reviewing and distributing any applicable survivor benefits.
- \* Provide your next of kin with the necessary information and forms.
- \* Ensure a smooth and efficient transition of benefits.

Please take a moment to inform your spouse, children, or other designated beneficiaries about this important notification procedure and keep this notice in a safe and accessible place.

We understand that this is a sensitive matter, and we appreciate your attention to this important detail. It will help us serve your loved ones in a respectful and efficient manner during a difficult time.

Sincerely,  
The Board of Trustees



**City of West Palm Beach Police Pension Fund  
2100 N. Florida Mango Road  
West Palm Beach, Florida 33409**

**AFFIDAVIT - CONFIRMATION OF RECEIPT OF RETIREMENT BENEFITS 2026**

I, the undersigned affiant hereby confirms, that I am currently receiving a monthly retirement benefit from the City of West Palm Beach Police Pension Fund and that my entitlement to receive such benefit has not changed since benefits began. **(Note: Disability Recipients UNDER AGE 50 must complete this form and continue to page two).**

\_\_\_\_\_  
(Retiree or Beneficiary, **MUST** Print Name)

\_\_\_\_\_  
(Retiree or Beneficiary Signature / Date)

\_\_\_\_\_  
(Current Home Address, City, State, Zip Code)

(  ) Please check here if new address

\_\_\_\_\_  
(Area Code & Telephone Number)

\_\_\_\_\_  
(Your E-Mail Address)

**PLEASE LIST CLOSEST RELATIVE NOT LIVING WITH YOU**

\_\_\_\_\_  
(Name, Please Print)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Current Home Address, City, State, Zip Code)

\_\_\_\_\_  
(Area Code & Telephone Number)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
(Date)

\_\_\_\_\_, who is personally known to me or who has produced  
(Name of Person Acknowledging)

\_\_\_\_\_ as identification and who did (did not) take an oath.  
(Type of Identification Produced)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Name of Notary typed, printed or stamped) Notary Public, Commission No. \_\_\_\_\_

**THIS FORM MUST BE SIGNED PERSONALLY BY THE RETIREE, (OR THE BENEFICIARY, IF THE RETIREE IS DECEASED). IF NOT SIGNED BY THE RETIREE OR THE BENEFICIARY. A LETTER OF EXPLANATION FOR SUCH FAILURE MUST BE RETURNED WITH THIS FORM OR YOUR PAYMENT MAY BE INTERRUPTED.**

# 2026 DISABILITY RETIREE MEDICAL REVIEW

**This form applies to disability recipients who are under age 50 only**

In accordance with the pension plan at §16(16)(e), I, \_\_\_\_\_, hereby certify that I continue to be disabled from performing the functions of a Police Officer. In support of this certification, attached are medical records, dated within six months of today, demonstrating the continuing nature of my disability. Failure to substantiate your continuing disabling medical condition can result in the suspension and/or termination of your pension benefit.

I hereby waive my right of confidentiality of my medical records and other medical evidence in order that my medical review may be properly processed. I understand that in so doing, such records will be discussed during one or more public meetings and will become public record. I understand that the Board(s) will rely upon this waiver and that I will not be able to withdraw same at a later date.

I understand that if this report is false, incorrect or incomplete my disability retirement benefits may be discontinued. Additionally, pursuant to §185.185 Fla. Stat., if my report is false, I may be subject to a first-degree misdemeanor.

\_\_\_\_\_  
*(Disability Recipient Signature / Date)*

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
*(Date)*

\_\_\_\_\_, who is personally known to me or who has produced  
*(Name of Person Acknowledging)*

\_\_\_\_\_ as identification and who did (did not) take an oath.  
*(Type of Identification Produced)*

\_\_\_\_\_  
*(Signature of Notary Public)*

\_\_\_\_\_ Notary Public, Commission No. \_\_\_\_\_  
*(Name of Notary typed, printed or stamped)*

**PLEASE NOTE: Upon reaching age 55, you may elect to convert to a normal retirement and receive credit for years of service while on a disability pension. It is up to YOU to request the conversion.**