

**EXCLUSION OF PREEXISTING CONDITIONS
for
DISABILITY RETIREMENT**

I, _____, understand that under the provisions of Louisiana Revised Statute 11:216*, I am not eligible to claim disability retirement benefits for any medical condition that preexisted my membership in the Sheriffs' Pension Fund, (the Fund). Any such preexisting condition will disqualify me from disability retirement benefits based upon that condition, whether the condition is determined through the enrollment process, disability examination procedure, or otherwise. **This in no way affects my membership in the Fund nor my eligibility to apply for disability benefits for condition(s) not preexisting.**

I am aware that should I not provide a full and accurate disclosure of all information requested, or should I intentionally make any false statements with respect to my application and the enrollment process, I may be guilty of perjury and/or false swearing and subject to prosecution therefore.

Enrollee's Signature

(Parish of Employment)

SWORN TO AND SUBSCRIBED, before me the undersigned NOTARY PUBLIC, at

_____, Louisiana, this _____ day of _____, _____.

(Notary Public)

*Louisiana RS 11:216 "Any disability claimed by a member of a state or statewide retirement system must have been incurred after commencement of service in the system with which the claim is filed. Disability claims shall not be honored in the case of preexisting conditions."