



LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

(800) 244-3439 (323) 259-5200

www.lafra.org

MEDICAL PLAN

REQUEST TO:
ADD, DELETE A DEPENDENT

Please use this form if you want to **ADD** dependents to your current insurance policy.
DELETE dependents from the insurance coverage.

MEMBER INFORMATION				
THIS FORM MUST BE SIGNED BY THE MEMBER, MAILED AND RECORDED AT THE RELIEF BEFORE IT COMES EFFECTIVE.				
FULL NAME		SOCIAL SECURITY NUMBER		BIRTH DATE
BIRTH PLACE (CITY AND STATE)		ADDRESS		CITY
STATE		ZIP		
HOME PHONE		CELL PHONE		EMAIL ADDRESS
MARITAL STATUS	DATE OF MARRIAGE	SPOUSE'S MAIDEN NAME		SPOUSE'S SOCIAL SECURITY NUMBER
				<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED
IF DIVORCED GIVE DATE (FINAL DECREE) AND FROM WHOM:				
I WAS APPOINTED TO THE FIRE DEPARTMENT ON:			RETIREMENT DATE:	

DEPENDENT INFORMATION (Mark the BOX that applies)				
*if adding a dependent you must provide copy of marriage certificate for spouse, notarized affidavit for domestic partner and birth certificates for children. Instructions for domestic partnerships are on lafra.org/medical-eligibility				
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	RELATIONSHIP	BIRTH DATE

OFFICE USE ONLY	
EFFECTIVE DATE:	
TERMINATION DATE:	

MEMBER'S SIGNATURE _____ DATE _____

PLEASE MAIL ORIGINAL SIGNED DOCUMENT TO:
LOS ANGELES FIREMEN'S RELIEF ASSOCIATION
P.O. Box 41903
Los Angeles CA 90041