



# LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

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

[www.lafra.org](http://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		LAST FOUR DIGITS of SSN		BIRTH DATE
ADDRESS		CITY		STATE
HOME PHONE		CELL PHONE	EMAIL ADDRESS	
MARITAL STATUS	DATE OF MARRIAGE	SPOUSE'S MAIDEN NAME	SPOUSE'S LAST FOUR DIGITS of SSN	<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 <a href="http://lafra.org/medical-eligibility">lafra.org/medical-eligibility</a>				
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	LAST FOUR DIGITS of SSN	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	LAST FOUR DIGITS of SSN	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	LAST FOUR DIGITS of SSN	RELATIONSHIP	BIRTH DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	LAST FOUR DIGITS of SSN	RELATIONSHIP	BIRTH DATE
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<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL	FULL NAME (FIRST, MIDDLE, LAST)	LAST FOUR DIGITS of SSN	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

07012017