



LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

P.O. Box 41903 - Los Angeles - CA 90041
(323) 259-5200 EXT. 223 or 222 firemensrelief.org

RELIEF ASSOCIATION APPLICATION FOR MEMBERSHIP

THIS FORM MUST BE SIGNED BY THE APPLICANT, DELIVERED OR MAILED, AND RECORDED AT THE RELIEF BEFORE IT COMES EFFECTIVE.

APPLICANT'S FULL NAME		SOCIAL SECURITY NUMBER		BIRTH DATE	BIRTH PLACE (CITY AND STATE)
ADDRESS			CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS			
I WAS APPOINTED TO THE FIRE DEPARTMENT ON:				GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	DATE OF MARRIAGE	SPOUSE'S FULL NAME		SPOUSE'S SOCIAL SECURITY NUMBER	

IF DIVORCED GIVE DATE (FINAL DECREE) AND FROM WHOM:

IN CASE OF ACCIDENT OR DEATH, I WISH YOU TO NOTIFY

FULL NAME		RELATIONSHIP	TELEPHONE		
ADDRESS		CITY	STATE	ZIP	

I HEREBY NOTIFY YOU THAT IN CASE OF MY DEATH, MY BENEFICIARIES ARE TO BE:

PRIMARY BENEFICIARIES (MUST BE AT LEAST 18 YEARS OF AGE)

1	FULL NAME	RELATIONSHIP		
ADDRESS, CITY, STATE, ZIP		PERCENTAGE TO BE PAID:	%	
2	FULL NAME	RELATIONSHIP		
ADDRESS, CITY, STATE, ZIP		PERCENTAGE TO BE PAID:	%	
3	FULL NAME	RELATIONSHIP		
ADDRESS, CITY, STATE, ZIP		PERCENTAGE TO BE PAID:	%	
			TOTAL	100%

SECONDARY BENEFICIARIES (MUST BE AT LEAST 18 YEARS OF AGE)

1	FULL NAME	RELATIONSHIP		
ADDRESS, CITY, STATE, ZIP		PERCENTAGE TO BE PAID:	%	
2	FULL NAME	RELATIONSHIP		
ADDRESS, CITY, STATE, ZIP		PERCENTAGE TO BE PAID:	%	
			TOTAL %	100%

TO THE BOARD OF TRUSTEES, OFFICERS, AND MEMBERS OF THE LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

INITIALS	I agree to conform to and abide by all laws, rules and regulations of said Association now in force or which hereafter may be adopted.
INITIALS	I also hereby make application for membership in the Life and Accident Department.

The statements herein contained are true to the best of my knowledge and I hereby agree that any misrepresentation or concealment of facts herein shall disqualify me to receive or participate in any of the benefits or privileges or membership.

Applicant's Signature

Date

OFFICE USE ONLY	
EFFECTIVE DATE:	

PLEASE MAIL ORIGINAL SIGNED DOCUMENT TO:
LA FIREMEN'S RELIEF, ATTN: MEMBER SERVICES
PO BOX 41903, LOS ANGELES, CA 90041