

APPLICATION FOR VOLUNTEER FIREFIGHTER PENSION FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

MEMBER INFORMATION		PLEASE TYPE OR PRINT CLEARLY	
SOCIAL SECURITY NUMBER or PERA ID NUMBER			
FIRST NAME	MI	LAST NAME	
MAILING ADDRESS		HOME or CELL TELEPHONE NO.	
		BUSINESS TELEPHONE NO.	
CITY	STATE	ZIP	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW		
PLANNED TERMINATION DATE <i>Date you leave/left employment</i>		EFFECTIVE RETIREMENT DATE <i>First day of a month</i>	
NAME OF VOLUNTEER FIRE DEPARTMENT			
BENEFICIARY DESIGNATION INFORMATION			
<p>You may designate EITHER a spouse or one dependent child (child under the age of eighteen 18) as a beneficiary. In the event of the retiree's death, the designated survivor beneficiary will receive an annuity equal to two-thirds of the retirement paid to the retiree. The annuity paid to a spouse will cease upon the surviving spouse's marriage or death and the annuity paid to a dependent child will cease when the child reaches the age of 18 or upon the child's death, whichever comes first.</p> <p>Please provide the full name, social security number, address and date of birth of your beneficiary. You must submit proof of age for yourself and your beneficiary as well as a copy of your marriage certificate and/or divorce decrees and property settlement agreements.</p>			
BENEFICIARY'S NAME		SSN	DATE OF BIRTH (mm/dd/ccyy)
ADDRESS	STREET	CITY	STATE ZIP
APPLICANT'S STATEMENT			
<p>I _____ do hereby apply for pension benefits as indicated above. I understand my benefit payments will begin the first of the month following the completion of all the following; 1) my meeting the age and service requirements for normal retirement and 2) the filing of a completed application for pension. I certify that the information contained herein is true and correct to the best of my knowledge.</p>			
SIGNATURE OF APPLICANT			DATE