



VIRGINIA ASSOCIATION OF FIRST RESPONDERS DEATH BENEFIT PLAN AGENCY MEMBER DELETION FORM

AGENCY MEMBER DELETION FORM INSTRUCTIONS

VAFR member agencies may remove Death Benefit Plan (the Plan) members that are no longer with their agency or Plan members that have notified the member agency they no longer wish to participate in the Plan by completing this *Agency Member Deletion* form in its entirety and submitting it to the VAFR office. The VAFR being the parent company, the members of the AVAVRS are incorporated as members of the VAFR.

Provide the following information for each member to be deleted from the Death Benefit Plane.

1. Full legal name (First, Middle, Last name)
2. Last four (4) digits of the member's social security number
3. Reason for deleting the member from the Death Benefit Plan using one (1) of the following reasons listed below.
 - a. Inactive.
 - b. No longer with the agency.
 - c. No longer interested.
 - d. Deceased.
 - e. Other.

The *Agency Member Deletion* form must be signed by the Agency Contact.



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Please type or print legibly.

Date: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Contact: _____

Phone: (_____) _____ Email Address: _____

Pease remove the following members from the Virginia Association of First Responders Death Benefit Plan.

	<u>Full Legal Name (First, Middle, Last name)</u>	<u>Last 4 #'s of SSN</u>	<u>Reason</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

(Agency Contact Signature)

<u>For VAFR Use Only</u>	
Received By: _____	Date Received: _____
Entered into Database By: _____	Date Entered: _____