



VIRGINIA ASSOCIATION OF FIRST RESPONDERS DEATH BENEFIT PLAN APPLICATION

DEATH BENEFIT PLAN APPLICATION INSTRUCTIONS

Any member of the VAFR, or the AVAVRS, seeking membership in the Death Benefit Plan shall submit this application, completed in full, to the VAFR office.

Applicant Information

The applicant must provide the following:

1. Full legal name (First, Middle, Last Name) and Common/Nickname name.
2. Complete address.
3. Social Security Number.
4. Date of Birth.
5. Phone number.
6. Email address.

The applicant must indicate their VAFR membership type by checking one (1) of the membership types listed – Agency Member; Individual Member; VAFR Life Member; or AVAVRS Life Member. The VAFR being the parent company, the members of the AVAVRS are incorporated as members of the VAFR.

For Applicant's Agency Use Only

If the applicant is a member of a VAFR member agency, the member agency must complete the “*For Applicant's Agency Use Only*” section of the application certifying that the applicant is a member in good standing with the member agency. This section must be signed and dated by the member agency representative. If the applicant is applying as an individual member, a VAFR Life member, or an AVAVRS Life member, this section should be left empty.

Beneficiary Information

By completing this section, the applicant designates to whom the plan benefits shall be paid. If the primary beneficiary predeceases the applicant, the plan benefit will be paid to the contingent beneficiary. If both beneficiaries predecease the applicant or the applicant leaves this section blank, the benefits shall be paid to the applicant's estate. **NOTE:** The applicant may designate an organization/foundation of their choosing (their agency, VAFR, church, etc.) as a beneficiary. To designate an organization/foundation place the full name of the organization/foundation in the “*Full Legal Name*” space and leave the “*Relationship*” space blank.

The application must be signed and dated by the applicant.



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Please type or print legibly.

APPLICANT INFORMATION

Full Legal Name: _____ Common Name: _____
(First Name) (Middle Name) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Phone: (____) _____ Email Address: _____

VAFR Membership Type: Agency Member Individual Member VAFR Life Member AVAVRS Life Member

For Applicant's Agency Use Only

I certify that the above applicant is a member in good standing with _____.

Address: _____

City: _____ State: _____ Zip: _____

(Agency Representative Name/Title) (Signature) Date:

Phone: (____) _____ Email Address: _____

BENEFICIARY INFORMATION

Primary Beneficiary

Full Legal Name: _____ Relationship: _____
(First Name) (Middle Name) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Contingent Beneficiary *(Receives the benefits if the primary beneficiary predeceases the applicant.)*

Full Legal Name: _____ Relationship: _____
(First Name) (Middle Name) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Applicant Signature: _____ Date: _____

For VAFR Use Only

Received By: _____ Date Received: _____

Entered into Database By: _____ Date Entered: _____