



VIRGINIA ASSOCIATION OF FIRST RESPONDERS

REPORT OF A DECEASED MEMBER

REPORT OF A DECEASED MEMBER FORM INSTRUCTIONS

The *Report of a Deceased Member* form should be used to report the death of any member of the VAFR. It is requested that a picture of the deceased member be included with this form. If the deceased is a member of a VAFR member agency, a copy of the member agency patch is also requested. The picture and the member agency patch are needed for the memorial service at the annual convention.

Deceased Member Information

The following information about the deceased member is needed:

1. Full legal name (First, Middle, Last Name) and Common/Nickname name.
2. Complete address.
3. Social Security Number.
4. Date of Death.
5. Years of Service.
6. Email address.
7. Survivor's name.
8. Survivor's relationship to the deceased.
9. Survivor's complete address.

Indicate the type of VAFR membership the deceased member held 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.

Member Agency Information

If the deceased member is a member of a VAFR member agency, this section should be completed. If the deceased member is an Individual member, leave this section blank.

Remarks

This space is provided for any remarks about the deceased.

Please indicate whether or not the deceased member is a member of the Death Benefit Plan. If the deceased member is a member of the Death Benefit Plan, this *Report of a Deceased Member* form will serve as a claim for benefits of the Death Benefit Plan.

1. In order to receive payment of benefits of the Death Benefit Plan, a copy of the Death Certificate (not the original) must accompany this form.
2. Upon receipt of the proof of death (copy of the Death Certificate) of a member of the Death Benefit Plan, benefits shall be paid as soon as practical.
3. Proof of death must be received by the VAFR office within one (1) year of the Death Benefit Plan member's actual date of death. The Death Benefit Plan Committee has the right to waive the time requirements in extraordinary circumstances.

The individual submitting this *Report of a Deceased Member* form must sign and date this form.



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Please type or print legibly.

DECEASED MEMBER INFORMATION

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

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Death: _____ Years of Service: _____

Survivor's Name: _____ Relationship to deceased: _____

Address: _____

City: _____ State: _____ Zip: _____

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

MEMBER AGENCY INFORMATION

Agency Name: _____

Agency Contact: _____ Contact Title: _____

Phone: (_____) _____ Email Address: _____

REMARKS

Is the deceased a member of the VAFR Death Benefit Plan? ___ YES ___ NO

If the deceased is a member of the VAFR Death Benefit Plan, a copy of the death certificate must accompany this form.

Please send a picture of the deceased and a copy of the agency's patch with this form. These are needed for the memorial service at the annual convention.

(Name of Submitting Individual/Title) _____ (Signature) Date: _____

For VAFR Use Only

Received By: _____ Date Received: _____

Entered into Database By: _____ Date Entered: _____

Picture Received: ___ YES ___ NO Agency Patch Received: ___ YES ___ NO Death Certificate Received: ___ YES ___ NO

Date Sent to Chaplain: _____ Date Sent to Finance: _____ Date benefits Paid: _____