

**Bloomington Fire Department Relief Association**  
10 West 95th Street  
Bloomington, Minnesota 55420

**Application for Disability Benefits**  
( Please complete form in type or ink)

The information you supply on this form is only for use by the Bloomington Fire Department Relief Association.

Member's Name. \_\_\_\_\_ BFD# \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

State in your own words, and in detail. the disability which prevents you from performing the duties of a Bloomington firefighter.

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I have been disabled since \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
Month Day Year

Give the following information about any medical treatment and examination you have had concerning this disability.:

Name and address of doctor(s).

Dates of Examination(s).

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**Member's Signature**

**Date**