

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.

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).

Member's Signature

Date