

BFD RELIEF ASSOCIATION PERMANENT DISABILITY

MEMBER INFORMATION

Name:		Badge #	
Board Action Date: <i>internal use</i>	mm/dd/yyyy		
Date of birth:	SSN:		
Current street address:			
City:	State:	ZIP Code:	
Home Phone:		Mobile Phone:	
Email Address:			
Previous marriages: I am obligated to divide my pension benefits with a previous spouse:		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	

SPOUSE INFORMATION - IF APPLICABLE

Name:		
Date of birth:	SSN:	Phone:

MINOR CHILDREN (<18 YRS) – IF APPLICABLE

Name	SSN
Name	SSN
Name	SSN

SIGNATURES

I authorize only the Bloomington Fire Department Relief Association, and the Bloomington Fire Department, access to this information for purposes of processing my retirement and establishing pension payments.

Signature:	Date:
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Retired Member News Opt-In	
I elect to have the Bloomington Fire Department use my mobile number and/or email for <u>important</u> updates of retired member information (Please check one).	Email <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> Decline <input type="checkbox"/>

Please submit this form to Station One Office. Thank you!