

ALABAMA ASSOCIATION OF RESCUE SQUADS
SUPPLEMENTAL INSURANCE ENROLLMENT
ACCIDENTAL DEATH AND DISABILITY
UNDERWRITTEN BY VOLUNTEER FIREMAN'S INSURANCE (VFIS)

INCLUDED WITH MEMBERSHIP
\$5000.00 DEATH BENEFIT - SQUAD RELATED
\$50.00 PER WEEK DISABILITY - RESCUE RELATED

(PLEASE PRINT)

NAME _____ DATE ____ / ____ / ____

ADDRESS _____ CITY _____ ZIP _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE ____ / ____ / ____

SQUAD AFFLIATION _____

PRIMARY BENEFICIARY _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ ZIP _____

SECONDARY BENEFICIARY _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ ZIP _____

APPLICANT'S SIGNATURE _____

I CERTIFY THAT THE ABOVE MEMBER IS IN GOOD STANDING WITH THE:

(NAME OF UNIT)

AS
OF _____ / _____ / _____
(DATE) (OFFICER SIGNATURE) (TITLE)

**IT IS RECOMMENDED THT A COPY OF THIS FORM BE KEPT ON FILE WITH YOUR
UNIT**