

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

PREMIUM - \$10.00 PER YEAR
\$10,000.00 ACCIDENTAL DEATH -24/7
****NO DISABILITY****

(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 _____

MY SIGNATURE INDICATES THAT I UNDERSTAND I AM PERSONALLY RESPONSIBLE
FOR PAYMENT OF THE \$10.00 ANNUALLY TO THE ALABAMA ASSOCIATION OF RESCUE
SQUADS FOR THIS SUPPLEMENTAL INSURANCE AND THAT IF MY MEMBERSHIP IN
THE ASSOCIATION IS TERMINATED FOR ANY REASON, THE INSURANCE I ALSO
TERMINATED. I ALSO UNDERSTAND THIS INSURANCE EXPIRES IN DECEMBER 31ST
EACH YEAR AND MUST BE RENEWED ANNUALLY.

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

(NAME OF UNIT)

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

MAKE CHECK PAYABLE TO: ALABAMA ASSOCIATION OF RESCUE SQUADS
MAIL COMPLETED FORM TO AARS P O BOX 569 ADDISON AL 35540

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