

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 -RESCUE RELATED  
\$100.00 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 \_\_\_\_\_

\*\*\*\*\*  
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 31<sup>ST</sup>  
EACH YEAR AND MUST BE RENEWED ANNUALLY.  
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I CERTIFY THAT THE ABOVE MEMBER IS IN GOOD STANDING WITH THE:

\_\_\_\_\_  
(NAME OF UNIT)

AS  
OF \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(DATE) (OFFICER SIGNATURE) (TITLE)

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

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