PALM BEACH COUNTY FIREFIGHTERS' RETIREMENT INSURANCE FUND

7240 7th Place N
West Palm Beach, FL 33411

New Phone number (561) 209-2523

Located inside the PBC Firefighters Benefits Fund Offices

Trustees
Rick Rhodes - Chairman
Michael Bergeron – Administrative Manager
Craig Gerlach Vice-Chairman
Joaquin Hernandez
Mike Owens
Jim Berry

Questions about benefits? Call

Mike Bergeron 561.209.2523
or
Rick Rhodes 561.436.4714

PALM BEACH COUNTY FIREFIGHTERS' RETIREMENT INSURANCE FUND

7240 7th Place N
WEST PALM BEACH, FL. 33411
(561) 209-2523

Dear Retiree:

Attached is the Application and Beneficiary Form. The following documentation must be filled out completely and returned to this office:

- Signed original application
- Completed signed beneficiary form
- Proof of retirement
- Proof of insurance
- Copy of driver's license

Upon review and verification of the information and eligibility, a check will be mailed to the address listed on the application**.**

Thereafter, each December you will be mailed an affidavit for continued eligibility which must be filled out and returned to this office along with proof of insurance. Upon receipt of the affidavit and proof of health insurance, a check will be mailed the last week of January to your current mailing address on file for the following year.

If you have any questions, or need any additional information, please don't hesitate to contact me at the above captioned number.

Sincerely,

Michael Bergeron
Administrative Manager

Revised: 051710

PALM BEACH COUNTY FIREFIGHTERS' RETIREMENT INSURANCE FUND
APPLICATION FOR BENEFITS FORM

PERSONAL INFORMATION

NAME: _____ SS#: _____

ADDRESS: _____ CITY/ST/ZIP:_____

PHONE: _____EMAIL:_____AGE:_____

DOB: _____ LAST DATE OF EMPLOYMENT:_____#PBCFR Years_____

NAME OF SPOUSE: _____ DATE OF HIRE:_____ # FRS Years:_____

YEARS IN BARGAINING UNIT: _____# YEARS IN NON BARGAINING UNIT:_____

PENSION INFORMATION

Are you currently receiving a pension or disability benefit? Yes _____ No _____
If Yes — what type: Pension _____ Disability _____

Source of Benefit: **(Circle one)**	FRS	Lantana or LW Pension Fund	Long-term Disability under CBA	Other Lump Sum etc.

Date Payments Began: _____

HEALTH INSURANCE INFORMATION

HEALTH INSURANCE CO: _____ PHONE #: _____

ADDRESS: _____

CITY/ST/ZIP: _____ ANNUAL PREMIUM $_____

POLICY #: _____ GROUP #: _____

IMPORTANT: In order to be eligible to receive a benefit from the Fund, you must attach to this Application a copy of your benefit check stub or other proof of receipt of a pension or disability benefit **and** a copy of your current health insurance card. This benefit must be used for the purchase of health insurance or other qualified medical expenses.

I HEREBY STATE THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IN ORDER TO RECEIVE A BENEFIT FROM THE FUND IS TRUE AND ACCURATE.

_____ _____
SIGNATURE DATE

Revised 050613

RELIANCE STANDARD
Life Insurance Company
a DELPHI company

Designation of Beneficiary

Policyholder PALM BEACH COUNTY FIREFIGHTERS' EMPLOYEE BENEFITS FUND	Policy Number(s) GL 140337 (BASIC)
Insured Name	Social Security Number

I hereby designate the following as my beneficiary (ies) under the above policy number(s):
Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured