



Member Enrollment Form

San Diego Fire Relief Association
 10509 San Diego Mission Rd. Ste. F San Diego CA 92108
 Phone (619)281-0354 (option 2)
 Fax (619) 281-8325
mnunes@sdfra.org

| Member Information | | | |
|--|---|---|---------------------|
| Last Name, First Name, MI | | Date of Hire: | Date of Retirement: |
| Address: | | City: | State: Zip: |
| Gender: M <input type="radio"/> F <input type="radio"/> | DOB: | Academy Number: | |
| Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widow(er) <input type="radio"/> Domestic Partner | | | |
| Primary Phone: <input type="radio"/> Home <input type="radio"/> Cell | Secondary Phone: <input type="radio"/> Home <input type="radio"/> Cell | Primary Email: | |
| Spouse/Domestic Partner Information | | | |
| Full Name: | Spouse | | Domestic Partner |
| Gender: <input type="radio"/> M <input type="radio"/> F | DOB: | Primary Phone: <input type="radio"/> Home <input type="radio"/> Cell | Occupation: |
| Dependent Information | | | |
| Dependent's Full Name: | Gender: <input type="radio"/> M <input type="radio"/> F | | DOB: |
| Dependent's Full Name: | Gender: <input type="radio"/> M <input type="radio"/> F | | DOB: |
| Dependent's Full Name: | Gender: <input type="radio"/> M <input type="radio"/> F | | DOB: |
| Authorization and Designation | | | |
| <p>I certify I have listed only people on this Membership Enrollment form that qualify as my spouse or my dependent for federal income tax purposes or court order. I further acknowledge that SDFRA has a responsibility to periodically validate this information is true and accurate and that I will willing provide supporting documentation within 30 days if requested by SDFRA to complete a good faith audit.</p> | | | |
| Member Signature | | | |
| Print Name: _____ | | | |
| Signature: _____ | | Date: _____ | |

Member ID (Office use only): _____ Electronically Filed by (Office use only): _____



Member Deduction Authorization Form

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Member Information

| | |
|---|------------------------------------|
| Member Full Name (Last Name, First, MI) | SDFRA Member ID (office use only): |
| Email Address: | Primary Contact Number: |

Instructions

Please complete either the Active or Retired section below based on your status with SDFRA and return the completed form by email, fax or mail as indicated above. If you do not know your Member ID, please leave it blank.

If you do not want deductions from either your Active Local 145 or Retirement with SDCERS accounts, please check this box and we will contact you with options to pay from the San Diego Firefighters Federal Credit Union. Please note: All payments are due in advance. Delays in payment of 30 days may result in a late fee charge. Gaps in payments longer than 30 days will result in termination of membership as defined by SDFRA Bylaws.

Active Members with Local 145 – Biweekly Deduction \$31.16

I, the undersigned do hereby authorize the Payroll Department of the San Diego City Firefighters, Local 145 to deduct from my pay warrant such sums as appear on the payroll to the credit of said payee and further authorize payment of such deducted sums to the said payee. This authorization applies to any increase or decrease in the amount due the above payee is to continue in effect until cancelled by written notice by the undersigned to the Payroll Department of the San Diego City Firefighters, Local 145, or upon termination of my employment.

Member Signature: _____ Date Signed: _____

Retired Members with San Diego City Employees’ Retirement System (SDCERS) – Monthly \$57.73

I, the undersigned retiree of the City of San Diego, having entered into an agreement with the payee San Diego Fire Relief Association, whereby payments becoming due there under are to be deducted from my pension due, or to become due from me as such retiree, do hereby authorize the City Auditor and the City Treasurer to deduct from my pension paycheck such sums as appear on the pension payroll to the credit of said payee and further authorize payment of such deducted sum to the said payee. This authorization applies to any increase or decrease in the amount due to the above payee and is to continue in effect until canceled by the written noticed served by the the undersigned retiree, (or the Retirement System upon notification of death), or payee, on the City Auditor and Comptroller.

Retirement Date: _____

Member Signature: _____ Date Signed: _____

Member ID Office use only): _____ Electronically Filed by (Office use only): _____



Beneficiary Form

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Purpose of this Form

San Diego Fire Relief Association (SDFRA) provides a death benefit to your dependents/survivors and this form is used to identify and designate who would receive payment(s) if a claim is approved. Benefits are paid to survivors according to the following criteria:

- 1) If there is a spouse and no child* or children, all to the spouse.
- 2) If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
- 3) If no spouse, and children only, all to the child or children in equal shares.
- 4) If no spouse or children, then to the individual(s) designated by the member on this form*
- 5) If no spouse, children, SDFRA designation, or life insurance beneficiary, then to the Firefighter's surviving parents in equal shares.
- 6) If none of the above, then to the Firefighter's children who would receive the benefit but for age (i.e., adult children.)

*This form may be updated at any time as determined necessary by the member. Only the most currently completed, dated form in the possession of SDFRA at the time of death shall be considered for payment thereby replacing all prior forms in entirety.

Dependent or Spouse is an individual that is:

1. Lawful spouse, Domestic Partner, Civil Union Partner
2. Child(ren) less than 26 years of age and is
 - a. A Member's natural child;
 - b. A Member's lawfully adopted child;
 - c. A child placed for adoption with a Member;

d. A child for whom the Member has been appointed legal guardian by a court of competent jurisdiction and how resided with and who is dependent upon the Member in a conventional parent-child relationship; or a child of the member for whom the Member is obligated to provide medical child support pursuant to a qualified medical support order.

Authorization and Designation

This form is for use in declaring a beneficiary for any SDFRA benefits that your dependents/survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the SDFRA benefit identified in Step 4 above and would not apply if there is an eligible surviving spouse and/or children.

I, _____ (Full Name), as a member of San Diego Fire Relief Association, hereby designate the following beneficiary(s) for SDFRA benefits that may be paid in the event of my death:

| Name: | Address: | Relationship: | Percent: |
|-------|----------|---------------|----------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |

Member Signature: _____

Date: _____

Member ID (Office use only): _____

Electronically Filed by (Office use only): _____