



Beneficiary Form

San Diego Fire Relief Association
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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 medial 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: _____

Electronically Filed by: _____