FPPA **Fire and Police Pension Association** • www.fppaco.org
5290 DTC Parkway, Suite 100 • Greenwood Village, CO 80111 • 303 770-3772 • Toll Free 1-800 332-3772

DEATH & DISABILITY BENEFITS ELIGIBILITY FORM

INSTRUCTIONS 1) Check one box below and complete the form. 2) Once completed, please send this form to FPPA at the address above.

☐ NEW MEMBER - Complete the *entire* form. **New employees must also complete the Statewide Standard Health History form.**

☐ CHANGES ONLY - Complete Part A below and any other information that you wish to change.

PART A - GENERAL INFORMATION

_____ _____ _____ ___ - ___ - _____
Last Name   First Name   Middle Initial   Social Security #

_____
Address   Marital Status: ☐ Single   ☐ Married

                                                     Date of Birth: _____ / _____ / _____
_____ _____ _____   Month   Day   Year
City   State   Zip

(_____) _____   (_____) _____   Sex: ☐ Male   ☐ Female
Home Phone Number   Work Phone Number

PART B - CURRENT EMPLOYER

Name Department - City, Town or District _____ Check one ☐ Police ☐ Fire

Starting Date _____ / _____ / _____   Employed Full-time? ☐ Yes ☐ No   Starting Gross Salary Per Month $ _____
              Month   Day   Year

Rank _____   Average Number of Hours Per Week _____

PART C - DEPENDENTS

Spouse's Name _____   Spouse's Date of Birth _____ / _____ / _____
                                                                         Month   Day   Year

Please list below the names and birth dates of your unmarried children under the age of 23. Indicate whether children over 18 are full-time students. If necessary, list additional children on a separate sheet of paper and attach it to this form.

Child's Name	Birth Date (Month / Day / Year)	Full Time Student
_____	_____ / _____ / _____	☐
_____	_____ / _____ / _____	☐
_____	_____ / _____ / _____	☐

Check here if additional sheet is attached ☐

PART D - EMPLOYMENT HISTORY

Have you ever worked as a firefighter or police officer with any other department in the State of Colorado? _____. If yes, please list below departments (cities/towns/ or special districts) where you worked, the dates of your employment and whether you were covered by Social Security for retirement benefits. Also indicate your position using the following service code: **P=Police, F=Paid Firefighter, V=Volunteer Firefighter.**

Department Name	Employment Dates (Month / Day / Year)	SS Coverage	Service Code
_____	From _____ / _____ / _____ To _____ / _____ / _____	☐ Yes ☐ No	_____
_____	From _____ / _____ / _____ To _____ / _____ / _____	☐ Yes ☐ No	_____
_____	From _____ / _____ / _____ To _____ / _____ / _____	☐ Yes ☐ No	_____

Have you ever received a refund of your pension contributions from any of the employers listed above? _____

If yes, indicate those employers: _____

X _____   X _____   _____
Your Signature   Witness to Your Signature   Date
                                        (someone other than your spouse)
                                                                        DDBEF 2.01 inhse