

Dade County Fire Fighters Insurance Trust
Active Member Policy Number 645783

 Name (First, MI, Last)

 Date of Birth (mm/dd/yyyy)

____ - ____ - ____
 Social Security Number

Male Female

 Address

 City

 State

 Zip Code

Single Married Divorced Widowed

I hereby designate the following as my beneficiary (ies)

Primary Beneficiary (ies)

Name and Address	Percent %	Relationship

Contingent Beneficiary (ies) *Will only apply if Primary is deceased

Name and Address	Percent %	Relationship

As a member under the Fire Fighters Insurance Trust you are entitled to a Life Insurance benefit equal to:

- One Time your Annual Salary for Normal Death Benefit**
- Two Times your Annual Salary for Accidental Death ON and OFF DUTY**

_____ Date	_____ Signature of Insured