



**Requesting Leave of Absence in the Firefighters' and Rescue Squad Workers' Pension Fund**

*Please print or type in black ink.*

<b>Section A. Contact Information</b>				
FIRST NAME	MI	LAST NAME		SUFFIX
MAILING ADDRESS				SSN
CITY	STATE	ZIP CODE	TELEPHONE NO.	MEMBER ID
E-MAIL ADDRESS				DATE OF BIRTH

<b>Section B. Service History</b>		
FIRE DEPARTMENT OR RESCUE SQUAD NAME	COUNTY	LAST DAY OF SERVICE

Check one:     Firefighter     Rescue Squad Worker

**Section C. Member Signature**

I hereby certify that I have not previously received a refund of my contributions in the Firefighters' and Rescue Squad Workers' Pension Fund described in Section B. Further, I was an eligible member of the department or squad in Section B and am now requesting leave of absence status for my account in the Fund.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section D. Submission Instructions**

Please submit this form by mail.

- You may mail this form to the address below.

