

**CITY OF NORWICH
VOLUNTEER FIREFIGHTERS' RELIEF FUND
APPLICATION FOR BENEFITS**

Volunteer Fire Dept. _____

Employee name _____

Street Address _____

City/State/Zip _____

Date of Birth _____

Social Security Number _____

Number of years of service _____ as of _____

Check here if applying for regular benefits at age 55 with at least 20 years of service.

Check here if applying for service-connected disability benefits. Please attach certification of eligibility for Social Security Disability.

Benefit payments are payable on the 15th of each month. I wish to have my benefit payments start on the 15th of _____.

Employee signature

I certify that the above information is correct to my knowledge: _____
Department Chief signature/ Date

Approved: _____
Board Member signature

FINANCE DEPARTMENT USE ONLY

To: Joseph A. Ruffo, Comptroller

From: Thomas F. Dawkins, Director of Human Resources

The member shown above has _____ years of service @ \$15.00 per year for a monthly benefit of _____ . Please commence payments on _____ .

Approved: _____
Thomas F. Dawkins

Date: _____