

IT PAYS TO BELONG TO THE LANCASTER COUNTY FIREMEN'S ASSOC.

The Organization membership dues notices were mailed out in January for \$25 for the 2015-16 year that runs from the June Annual meeting thru May 31, 2016.

For that \$25 each member organization receives a variety of services that totaled \$113,054.99 this past year plus several hundred thousands of costs in upgrading the Pequea Lane Facility.

First of all it is important to provide full name and mailing and E-mail address for the organization, the Delegate and two alternates. The company and the delegates and alternates get a copy of the PA FIREMAN as part of their membership. Also under the new bylaws, all members after one year of membership, get a \$200 Death Benefit. Current beneficiary forms must be on file at LCFA.

Member organizations may use Firemen's Relief Association Funds if they pay the \$7.00 dues for all members making them a 100% organization. All members will get a copy of the PA Fireman mailed to their home address and after 1 year of membership will be eligible for the \$200 death benefit.

Listed below is a summary of some of the other benefits provided to Member organizations of the Lancaster County Fire Association.

We provide the Fire House Software fee for all organizations submitting fire reports to Lancaster County Communications Center.

LCFA provides FREE use of the Fire Safety Trailer.

LCFA provides Accountability Tag Service to member companies.

LCFA provides Free Access to Pequea Lane Training site that has been upgraded the past several years and pay for all costs including health scan prior and during training.

LCFA pays the Lancaster County Gov. \$65,000.00 to cover much of the cost of administering county training programs thru the Lancaster County Public Safety Training Center (LCPSTC) in addition the LCFA funds up to \$750. per year for expendables used at LCPSTC.

APPLICATION FOR MEMBERSHIP CREDENTIAL LANCASTER COUNTY FIREMEN'S ASSOCIATION OF PENNA., INC.

I, (print name here) _____

of (address) _____

hereby apply for admission to Membership of the above Association and remit \$7.00 for Membership for one year. All members/delegates are Beneficial after one year of membership.

You are invited to join for a multi-year membership at these yearly rates.

Organization member \$25.00.

\$2.00 per year of all dues is for a subscription to the PENNSYLVANIA FIREMAN.

I am a member of (name of local Fire Co. of which you are a member) _____

Witness _____ Signature of Applicant _____

Beneficial information please complete the following:

Date of Birth _____ Name of Beneficiary _____

Relationship to Beneficiary _____ Address of Beneficiary _____

Death Certificate needed before benefit can be paid.

LANCASTER COUNTY FIREMEN'S ASSOCIATION, INC.

632 EAST OREGON ROAD, LITITZ, PA 17543



Beneficiary Designation for LCFA Death Benefits

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced LCFA Death Benefit Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Street _____ City _____ State _____ Zip _____

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Street _____ City _____ State _____ Zip _____

Contingent Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Street _____ City _____ State _____ Zip _____

Contingent Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Street _____ City _____ State _____ Zip _____

If none of the above-named beneficiaries are living at the time of death, I direct that payment be made in accordance with the LCFA Resolution governing death benefits. I reserve the right to revoke or change this designation.

Signature _____ Date _____

The original signed copy of this form should be returned to the LCFA and the duplicate copy should be kept by the member and review and updated on a regular basis.

Specifying Beneficiaries

| Individual (always show relationship to the insured) | *Primary Beneficiary | **Contingent Beneficiary | Second Contingent Beneficiary |
|---|--|--|--|
| One Beneficiary | Jane Ann Jones, wife, 100% | (leave blank) | (leave blank) |
| One Primary Beneficiary and one Contingent Beneficiary | Jane Ann Jones, wife, 100% | David Lee Jones, son, 100% | (leave blank) |
| Two primary beneficiaries and one contingent beneficiary | Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50% | Marie Jones Ford, sister, 100% | (leave blank) |
| One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries | Jane Ann Jones, wife, 100% | Children born of my marriage to Jane Ann Jones, to share equally | Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50% |
| Unequal distribution (always use percentages) | Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25% | Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured | (leave blank) |
| Insured's Estate | Executors, Administrators or Assigns of the Insured | (leave blank) | (leave blank) |

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive

RETURN ORIGINAL SIGNED COPY TO LCFA - MEMBER SHOULD KEEP A COPY