

North Carolina State Firemen's Association

323 West Jones Street, Suite 401
Raleigh, NC 27603
800-253-4733 . (919) 821-2132 . (919) 821-9382 Fax

Application for membership in the Firemen's Fraternal Insurance Fund of the State of North Carolina

To be completed by proposed insured

Name _____ Social Security # _____ / _____ / _____

Street _____

City _____ State _____ Zip Code _____

Birth Date _____ Height _____ ft. _____ in. Weight _____ lbs.

Fire Department _____

BENEFICIARY - Persons to whom benefits are payable in the event of death

On death of proposed Insured pay proceeds to: _____
Name / Relationship Name / Relationship

Do you know of any impairment now existing in your health or physical condition * Yes No

Have you consulted a physician for any illness during the last five years? * Yes No

Have you been treated within the last 5 years for any of the following:
Dizziness, high blood pressure, varicose veins, shortness of breath,
edema, pain in the chest or any disorder of the heart? * Yes No

* If the answer to any of the above questions is "yes" give particulars, including the name and address of any attending physicians and dates treated. (Attach a separate sheet if necessary.)

Information in this application is given to obtain insurance and is true and complete to the best of my knowledge and belief.

AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Insurance Bureau, or other organizations, institution or person, that has any records of knowledge of me or any member of my family named in this application to give to The Firemen's Fraternal Insurance Fund any such information. I acknowledge receipt of the Notification to Proposed Insured. A photographic copy of the authorization shall be as valid as the original.

NO INSURANCE COVERAGE BECOMES EFFECTIVE UNTIL DATE POLICY IS ISSUED

Date _____ Signature of Member _____

STATE OF NORTH CAROLINA
COUNTY OF _____

This _____ day of _____ 19____

We, each for himself, hereby certify that the above statement, contained in the application of _____
is true to the best of our knowledge and belief.