

**Vermont State Firefighters' Association**

**Death Benefit Form**

( submit within 90 days of death )

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

VSFA Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (    )- \_\_\_\_\_ - \_\_\_\_\_

Date of Death: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Department: \_\_\_\_\_

Name of Chief: \_\_\_\_\_

Check Payable to (Payee): \_\_\_\_\_

\_\_\_\_\_

Department Affidavit:

I hereby certify that to the best of my knowledge \_\_\_\_\_

(Payee) is the proper beneficiary for \_\_\_\_\_ ( Member)

Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

**Official Use Only**

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Membership Chair

Approved: \_\_\_\_\_

Committee Chair

Approved: \_\_\_\_\_

Treasurer

Check Mailed to: \_\_\_\_\_

Submit to:

Melissa Stratton

VSFA Membership Chair

702 Houghton Lane

Bennington, VT 05201

