

Centereach Volunteer Exempt Firemen's Benevolent Association

KNOW YOUR BENEFITS

1. Should you become indigent and would like to request financial assistance from this association, you need to submit the following information to the Board Members:
 - A. Previous 2 year's tax returns
 - B. Last 3 months bank statements

The board will meet with you, review the matter and make a determination. You will be notified of their decision. The matter will be held in strict confidence. If payment is approved, payments will be made directly to your debtors. All documents will be returned to you promptly.

2. Upon your passing, it is required that your designated beneficiary provide this office with an official death certificate containing a raised seal in order to receive the \$2,500.00 death benefit and the \$2,500.00 funeral expense benefit.

If the primary beneficiary predeceases you, the secondary beneficiary will be entitled to these benefits. Be certain all your beneficiary information is correct and up to date with this office.

3. In your memory a \$50.00 brick will be purchased from the Brookhaven Town Volunteer Firemen's Museum in Ridge, N.Y. The brick will read your name and "Centereach Fire Department".
4. Prescription/Eye care reimbursement will be voted on each year to extend this benefit to members on a year to year basis. Currently a combined total of \$1500.00 is reimbursed. Forms and receipt printouts are required. Notification will be at October yearly meeting.
5. Hearing Aids will be reimbursed up to \$2,500.00 once every 4 years. Forms and receipts are required.
6. Delinquent members will be notified by regular U.S. Mail they are being dropped, no longer registered mail.
7. Dues are \$10.00 per year and \$3.00 for charter members.
8. Must be in Benevolent for 5 years to receive entitlements except for indigences.

LAST 3 Bank statements

FINANCIAL QUESTIONNAIRE

NAME: _____ PHONE: _____

ADDRESS: _____

MARITAL STATUS: _____ NO. OF DEPENDENTS: _____

INCOME: Monthly earnings: _____

Other income per month: _____ TOTAL: _____

OBLIGATIONS:

1. HOME: Mortgage payment per month: _____
Payments in arrears: _____

2. AUTO: Payments per month: _____
Balance remaining: _____
Payments in arrears: _____

3. CHARGE ACCOUNTS:

1.	_____	balance \$	_____
2.	_____	balance \$	_____
3.	_____	balance \$	_____
4.	_____	balance \$	_____

4. OTHER OBLIGATIONS:

1.	_____	Monthly payment	_____	bal	_____
2.	_____	Monthly payment	_____	bal	_____
3.	_____	Monthly payment	_____	bal	_____

BANK ACCOUNTS OWNED:

1. Savings Accounts:

A.	_____	Amount \$	_____
B.	_____	Amount \$	_____
C.	_____	Amount \$	_____

2. Checking Accounts:

A.	_____	BALANCE \$	_____
B.	_____	BALANCE \$	_____
C.	_____	BALANCE \$	_____

Government Bonds Owned: Total Amount: \$ _____

Amount of Stocks Owned: Total Amount: \$ _____

I affirm that each of the statements are true and correct to the best of my knowledge. I further authorize the Officers of the Centereach Volunteer Fireman's Benevolent Association to inquire of the above named institutions the validity of these statements.

Witness: _____ SIGNED: _____
Date: _____ Date: _____

CENTEREACH VOLUNTEER EXEMPT FIREMAN'S
BENEVOLENT ASSOCIATION OF CENTEREACH, NEW YORK

DESIGNATION OF BENEFICIARY

Date _____ 20____

MEMBER NAME _____

In the event of my death, you will please deliver the amount payable as the Death Benefit, provided by the By-Laws to:

PRIMARY BENEFICIARY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____ PHONE # _____

AND IF SUCH BENEFICIARY DOES NOT SURVIVE ME, THEN TO

SECONDARY BENEFICIARY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____ PHONE # _____

I agree this form cancels out all previous forms, once signed and dated.

MEMBER'S SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

MEMBER'S CERTIFICATE NO. _____

**APPLICATION FOR MEMBERSHIP
CENTEREACH VOLUNTEER EXEMPT FIREMAN'S BENEVOLENT ASSOCIATION
OF
CENTEREACH, NEW YORK**

Date: _____ 20 _____

I, _____, Date of Birth _____ Phone # _____

Street _____ Town _____, N.Y. Zip _____

I am an Active fireman of the _____ Fire Department of

Centereach New York, and served _____ years and _____ months, in such

Department from _____ to _____.

I never have been expelled or removed for cause from any exempt association, fire company or department.
If elected, I agree to abide by the by-laws.

SIGNATURE

APPROVED

Application received
With initiation fee

Financial Secretary

Employed by: _____
Company

Address

Occupation: _____ Phone # _____

Length of time employed: _____

MEMBER'S PERMANENT RECORD

NAME _____

FIRE COMPANY _____

ACTIVE SERVICE _____

BECAME EXEMPT FIREMAN _____

JOINED ASSOCIATION _____

DIED - EXPELLED - RESIGNED _____

LAST ADDRESS _____

DATE OF BIRTH _____

DEATH BENEFIT PAID _____

REMARKS _____

DESIGNATION OF BENEFICIARY

_____ 20 _____

CENTEREACH VOLUNTEER EXEMPT FIREMAN'S BENEVOLENT ASSOCIATION OF
CENTEREACH, NEW YORK

In the event of my death, you will please deliver the amount payable as the Death Benefit, provided by the By-Laws to:

BENEFICIARY _____

ADDRESS _____ Phone # _____

WHOSE RELATIONSHIP TO ME IS THAT OF _____

AND IF SUCH BENEFICIARY DOES NOT SURVIVE ME, THEN TO

_____ RELATIONSHIP _____

ADDRESS _____ Phone # _____

MEMBER'S SIGNATURE _____

ADDRESS _____ Phone # _____

MEMBER'S CERTIFICATE NO. _____