

**City of Norwich
Volunteer Firefighters' Relief Fund
Application for Benefits**

Volunteer Fire Department: _____

Applicant's Name (First, MI, Last, Suffix): _____

Street Address: _____

City, Street Zip: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____

Number of years of service _____ as of _____.

Check here if applying for Regular benefits

Check here if applying for service-connected disability benefits.

Benefit payments are payable on or before the 15th of each month via direct deposit. I wish to have my benefit payments start on the 15th of _____. **I understand that no payments will be made until I have submitted a Direct Deposit Form, a Federal W-4P, and a Connecticut W-4P to the Finance Department.**

I certify that the above information is correct to my knowledge:

Applicant's Signature & Date

Department Chief Signature & Date

VOLUNTEER FIREFIGHTERS' RELIEF FUND APPROVAL

Application for Benefits approved by Volunteer Firefighters' Relief Fund Committee at its _____ meeting pending verification of years of service by Finance Department.

VFFRF Member Signature & Date

NORWICH FINANCE DEPARTMENT APPROVAL

The Member listed above has _____ years of service at \$30 per year for a monthly benefit of _____.

Finance Department Signature & Date