

Death Notification of Active or Retired Volunteer Firefighter

Questions about
completing this form?

Call Retiree Payroll
ext. 6200
(303) 770-3772
in the Denver Metro area
(800) 332-3772
toll free nationwide

Return completed form to:
FPPA
mail: 7979 East Tufts Avenue
Suite 900
Denver, Colorado 80237
email:
RetireePayroll@FPPAco.org
or fax:
(303) 771-7622

INSTRUCTIONS: This form should be completed by the Volunteer Fire Department and returned to FPPA. We will begin benefit payments once all information is received, including the Electronic Funds Transfer/Direct Deposit Form, Federal/State Withholding Certificate for Pension or Annuity Payments Form W-4P, and Request for Taxpayer Identification Number and Certification Form W-9. All payroll changes are due to FPPA by the 10th of the month in order to be implemented that month.

If you are unable to locate an eligible retiree or need assistance in collecting the required forms, please notify FPPA as we may be able to assist you with these processes.

PART A - MEMBER INFORMATION

MEMBER'S LAST NAME <i>(Please print.)</i>		MEMBER'S FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH (mo / day / year)	DATE OF DEATH (mo / day / year)	SOCIAL SECURITY #	

PART B - SPOUSAL INFORMATION *(Complete Part B only if a spousal benefit is provided in the retirement plan.)*

SPOUSE'S LAST NAME <i>(Please print.)</i>		FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS		APT #	SPOUSE'S SOCIAL SECURITY #
CITY	STATE	ZIP	HOME PHONE #
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (mo / day / year)	CELL PHONE #	
EMAIL		Check which applies: <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union	

Spouse's Monthly Benefit Amount \$ _____ . _____
(Only a Spouse of a deceased member qualifies for a monthly pension.)

Date of Survivor's First Monthly Benefit Payment _____ / _____ / _____
(Benefits must begin the first day of the month following the Members' date of death.)

PART C - FUNERAL BENEFIT *(Complete Part C only if the "Member" is deceased. Funeral Benefits are not paid upon the Spouse's death.)*

Funeral Benefit Amount \$ _____ . _____
(A Spouse or Beneficiary may qualify for the one time funeral benefit.)

Check here if the funeral benefit is to be paid to the spouse as listed above in Part B. If the funeral benefit is to be paid to someone other than the spouse complete the beneficiary information below.

BENEFICIARY'S LAST NAME <i>(Please print.)</i>		FIRST NAME	MIDDLE INITIAL
BENEFICIARY'S MAILING ADDRESS		BENEFICIARY'S DATE OF BIRTH	SOCIAL SECURITY #
CITY	STATE	ZIP	BENEFICIARY'S PHONE #

PART D - DEPARTMENT INFORMATION

VOLUNTEER FIRE DEPARTMENT NAME	OFFICE PHONE #
DEPARTMENT'S AUTHORIZED SIGNATURE <i>(As it appears on the Pension Authorization Form)</i>	DATE
PRINTED NAME OF AUTHORIZED SIGNER	