



Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756

Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: membership@gfpf.org

Web Site: <http://www.gfpf.org>

Important Notice For Applicants

All applications **MUST** consist of a properly completed application along with a check or money order in the amount of \$15.00 for the first month's dues and proof of date of birth, i.e. birth certificate, drivers license, passport, or any state or government approved document reflecting date of birth. You must submit \$115.00, if you are applying for reinstatement after previously withdrawing your contribution or being suspended from membership. \$100.00 is for the reinstatement and \$15.00 is for your first month's dues. If dues are to be automatically deducted in the future, a completed Automatic Dues Payment Form should accompany application.

1. You must be employed by or enrolled with a Georgia Firefighters Standards And Training Certification (GFSTC) compliant Fire Department in the State of Georgia serving an I.S.O. Fire District rated 1-9.
2. If you are a full time or part time firefighter, you must hold a GFSTC State Certificate or be enrolled as a candidate for State Certification in order to qualify for membership and meet the annual certification requirements to receive pension creditable service each year.
3. If you are a part time firefighter, you must work, on average, at least 20 hours per week on an annual basis to receive creditable service. The Fire Chief is required to complete an Annual Affidavit attesting to attendance.
4. Volunteer firefighters must comply with the 50% attendance requirement of drills, meetings, and fires each calendar year. If during any three (3) months in a calendar year, a department fails to offer at least eight (8) hours of training each month, the entire department will not receive creditable service towards retirement for the entire year. The Fire Chief is required to complete an Annual Affidavit attesting to attendance.
5. You may not be a member of the Georgia Firefighters' Pension Fund if you are a member of the Peace Officers' Benefit and Annuity Fund, (P.O.A.B.).
6. Dues are \$15.00 per month. If paid by check or money order, dues are due on the 10th of each month. If paid by automatic debit, dues are deducted on the 15th of the month. Dues may also be paid by payroll deduction through your Department.
7. A firefighter cannot receive a pension if the firefighter is a paid employee of a fire department or volunteer fire department.
8. Your completed application must include a "Named Beneficiary" who is to receive the prescribed death benefit should you die prior to retiring.
9. Your pension membership will begin when your application is received, edited and accepted by the Pension Fund Office. When accepted, you will be notified and assigned a **Member Number** which should be used on all future correspondence with the Pension Fund Office.
10. **YOU MUST NOTIFY THE PENSION OFFICE OF:**
 - a) Changes of address
 - b) Changes of beneficiary, marital status
 - c) Request for leave of absence – stating last date worked or last date enrolled
 - d) Request for military leave of absence – include military orders
 - e) Change of Departments – Transfer from one Fire Department to another
 - f) Change of status - Full-Time, Part-Time, Volunteer
 - g) Termination of employment or enrollment with Fire Service
 - h) Change in Job Title

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE PENSION FUND OFFICE OR VISIT OUR WEB SITE AT www.gfpf.org.



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APPLICATION FOR MEMBERSHIP

All information MUST BE completed before your application can be considered. Incomplete applications will result in delays in your membership start date. First month's dues of \$15.00 and proof of date of birth must be included with your application. Membership will be allowed only when all requirements are met as set forth in O.C.G.A. 47-7.

OFFICE USE ONLY

MEMBER INFO: {please print}

I am a Full Time _____ Part Time _____ Volunteer _____
 Social Security No. _____ {check one} Firefighter _____ Firefighter _____ Firefighter _____

Job Title _____

GFSTC Certification Firefighter Fire & Life Safety Educator Fire Inspector Airport Firefighter Fire Investigator

Last Name _____ First Name _____ Middle Initial _____

Residence Address _____

City _____ State _____ Zip _____

eMail _____ Gender: Male _____ Female _____

Date of Birth _____ / _____ / _____ Date Fire Service Began _____ / _____ / _____
month day year month day year

Home Phone _____ Work Phone _____

DEPARTMENT INFO: {please print}

Dept _____ Current ISO Rating _____

Street _____ City _____ Zip _____

County _____ Chief's Name _____

NAMED BENEFICIARY: {please print}

Last Name _____ First Name _____ Middle Initial _____

Residence Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____ / _____ / _____
month day year

Relationship _____ Gender: Male _____ Female _____

I certify that I am a member in good standing with the above Fire Department and that I am employed or enrolled with this Department. I have included payment for the initial month's dues.

Signature of Applicant

Sworn to and subscribed before me

this _____ day of _____, _____.

I certify that the above named applicant has acquired the service record claimed in this department. My official record shows that the applicant is engaged or enrolled by this department as shown herein.

Signature of Notary Public & Seal

Signature of Chief

My Commission Expires On



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Automatic Dues Payment

OFFICE USE ONLY

To be completed and provide for the automatic deduction of monthly dues payments from the Financial Institution Account identified below. Deductions will be made on or about the 15th day of the month following receipt of this completed form.

Dues Must Be Paid Current In Order To Participate In The Automatic Dues Program

MEMBER INFO: {please print}

Member ID No. _____ or Social Security No. _____

Last Name _____ First Name _____ Middle Initial _____

Residence Address _____

City _____ State _____ Zip _____

Phone Number _____

eMail _____

Fire Department _____

I hereby authorize the GEORGIA FIREFIGHTERS' PENSION FUND, hereinafter the FUND, to initiate debit entries to my checking account identified below at the depository named below, hereinafter called DEPOSITORY, to debit entries to be used solely to pay my monthly dues in the FUND.

Financial Institution: _____

Account Number: _____

Routing Number: _____

Account Type: [select one] Checking Account: _____ Savings Account: _____

**ATTACH HERE A VOIDED CHECK WITH
ROUTING AND ACCOUNT NUMBERS
PRINTED ON BOTTOM**

This authorization is to remain in full force and effect until the FUND has received written notification from me of its termination. Such notification must be received in the office of the FUND by the first day of the month before such termination is desired.

Date

Signature of Applicant