



100 CLUB OF ARIZONA

OFFICER/FIREFIGHTER SPECIAL NEEDS/HEROS FORM

POTENTIAL BENEFITS

Today's Date: _____

Name of Person Requesting Special Needs: _____ Email: _____

Department/Agency: _____ Title/Position: _____

Years of Service: _____ Birth Date: _____ Is person a full-time paid employee? YES/NO

Supervisor Name: _____ Title: _____

Office Phone: _____ Mobile Phone: _____ Other Phone: _____

Beneficiary Name (Spouse/Parent): _____ Email: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Make Benefit Check To: _____ Relationship to Injured: _____

<u>Dependents:</u> (other than spouse)	<u>Birth Date(s):</u>
_____	_____
_____	_____
_____	_____
_____	_____

Reason for special needs:

Information Provided By:

Print Name: _____ Title: _____

Office Phone: _____ Mobile Phone: _____ Other Phone: _____

Department/Agency: _____ Email: _____

Address: _____ City: _____ St: _____ ZIP: _____

FAX TO: 100 Club (602) 242-1715 To verify the 100 Club has received this fax, call 602-485-0100

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(To be completed by authorized 100 Club personnel)

Verified: _____ Date: _____ Data ID: _____ PDF: _____ Excel: _____

Approved: _____ Date: _____ Check#: _____ ENTD _____ Amount: _____