



100 CLUB OF ARIZONA OFFICER/FIREFIGHTER DEATH BENEFIT REQUEST

Today's Date: _____ Years of Officer or Firefighter's Service: _____ Date of Death: _____

Check one: Line of Duty Death (LODD): _____ Non Line of Duty Death (NLODD): _____

Name of Deceased: _____ Birth Date: _____

Department/Agency: _____ Title: _____

Was Deceased a Full-time Paid Employee? Yes _____ No _____

Beneficiary Name (Spouse/Parent): _____ Birth Date: _____

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

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

Beneficiary's Email: _____

Make Benefit Check To: _____ Relationship to deceased: _____

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

Events of Death (Provide: where, when, how, news or department articles, if available). Please submit Incident Report or Industrial Claim with request

Was the officer/firefighter working on duty at time of death? _____

For Agency/Department _____ Other _____

Information Provided By (please print)

Name _____ Office Tel: _____ Mobile: _____

Title: _____ Department: _____

Street Address: _____

City: _____ St: _____ ZIP: _____ Email: _____

Agency or department Chief's name, please print: _____

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: _____