



Lake Monticello Water Rescue and Dive Team *Membership Application*



Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State: _____

Birthdate - Mo: _____ Day: _____ Year: _____

Phone Numbers - Day: _____ Evening: _____

Cell: _____ Android or Apple

Email: _____ Active911 Device Code (if available): _____

Are you a current member of Lake Monticello Fire: or Rescue:

Previous Training with Water Rescue, Diving, Ropes, Ice, Fire, or Emergency Medical:

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

I hereby authorize the Lake Monticello Water Rescue Team to perform any training, driving and/or background investigations required for membership by Lake Monticello Volunteer Fire and Rescue, Inc. I will submit my fingerprints for said background check, per VaOEMS regulations.

Signed: _____

Date: _____



183 Leader Heights Road
 P.O. Box 2726
 York, PA 17405
 (800) 233-1957 or (717) 741-0911
 www.vfis.com

BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

- New Insured Beneficiary Change Name Change: From: _____

Complete all of the following information:

Policyholder Name and Policy Number(s) (Emergency Service Organization Name)		
<input checked="" type="checkbox"/> Accident & Sickness	Policyholder <u>County of Fluvanna</u>	Policy Number _____
<input type="checkbox"/> _____	Policyholder _____	Policy Number _____
<input type="checkbox"/> _____	Policyholder _____	Policy Number _____
<input type="checkbox"/> _____	Policyholder _____	Policy Number _____
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		

Last Name: _____	First Name: _____	MI: _____
Date of Birth: _____	Date of Membership: _____	Social Security Number: XXX / XX / _____

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION – Primary Class	Relationship to Insured	Date of Birth	Percent (Must equal 100%)
<input type="checkbox"/> Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)			
BENEFICIARY DESIGNATION – Contingent Class	Relationship to Insured	Date of Birth	Percent (Must equal 100%)
(Name, address, phone number and/or email address of beneficiaries)			

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ Date: _____

Sample wording for Beneficiary Designations

Class	Relationship to Insured	Percent
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

- * Primary Beneficiary is the person(s) who will receive the insurance proceeds.
- ** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.