



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: leanna@gfpf.org

Web Site: 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 \$25.00 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 \$125.00, if you are applying for reinstatement after previously withdrawing your contribution or being suspended from membership. \$100.00 is for the reinstatement and \$25.00 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 at least 1,040 hours per year, but no more than 2,080 hours per year to receive creditable service. The Fire Chief is required to complete an Annual Affidavit attesting to hours worked.
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. Dues are \$25.00 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.
6. A firefighter cannot receive a pension if the firefighter is a paid employee of a fire department or volunteer fire department.
7. Your completed application must include a "Named Beneficiary" who is to receive the prescribed death benefit should you die prior to retiring. If you would like to designate multiple beneficiaries that are to be paid pro-rata, you may do so by contacting our office to obtain the "Designation of Multiple Beneficiaries" form.
8. 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.
9. **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 \$25.00 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.

MEMBER INFO	(Please Print) Social Security No: _____ (Check One) I am a: Full-time Firefighter* Part-time Firefighter** Volunteer Firefighter
	Job Title: _____
	GFSTC Certification: Firefighter Fire Inspector Airport Firefighter Fire Investigator Fire & Life Safety Educator
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
DEPT INFO	(Please Print) Department: _____
	Mailing Address: _____ City: _____ Zip: _____
	County: _____ Chief's Name: _____
BENEFICIARY INFO	(Please Print) Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Social Security No: _____ Date of Birth: ____/____/____ Gender: Male Female
	Relationship: _____
If you would like to designate multiple beneficiaries to be paid pro-rata, you may do so by contacting our office to obtain the "Designation of Multiple Beneficiaries" form.	

*Full-time is working more than 40 hours per week and GFSTC Certified

**Part-time is working at least 1,040 hours per year, but less than 2,080 hours, and GFSTC Certified

I certify and affirm that I am employed or enrolled with the above Fire Department, that I meet all requirements as set forth in O.C.G.A. 47-7, and that all information presented in this form is true and correct. I make this certification and affirmation under penalty of law and I understand that knowingly making a false statement on this form is a crime.

I certify that the above named applicant is employed or enrolled with this Fire Department, meets all requirements as set forth in O.C.G.A. 47-7, and that my official records support the information presented in this form to be true and correct. I make this certification and affirmation under penalty of law and I understand that knowingly making a false statement on this form is a crime.

Signature of Applicant

Signature of Chief
(If applicant is Chief, this form must be signed by the chief's superior)

Print Name and Title of Signatory



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Automatic Dues Payment

To be completed and provide for the automatic deduction of monthly dues payments from the financial account identified below. Deductions will be made on or about the 15th day of the month following receipt of this completed form. This authorization will remain in full force and effect until the FUND has received written request 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.

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

Member Info	<i>(Please Print)</i> Member No: _____ or Social Security No: _____
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Email: _____ Phone(H): _____ Phone(W): _____ Phone(C): _____
	Fire Department: _____
Banking Info	Financial Institution: _____
	Account Number: _____
	Routing Number: _____
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

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

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. This authorization is to remain in full force and effect until the FUND has received written notification from me of its termination.

Signature of Member

Date

Must Submit Original Forms, Fax Copies Not Accepted