



# 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](mailto:leanna@gfpf.org)

Web Site: [www.gfpf.org](http://www.gfpf.org)

## Important Notice for Applicants

**For an application to be accepted, a properly completed application along with \$25.00 for the first month's dues must be submitted. If you wish to have monthly dues automatically deducted from your personal bank account, the Automatic Dues Payment form should be completed and returned with the application. If the automatic payment option is chosen, you will not need to submit payment with the application. Proof of date of birth (birth certificate, driver's license, passport, or any state or government approved document reflecting date of birth) should be included.**

**If applying for reinstatement after previously withdrawing contributions or being suspended from membership, \$125.00 will need to be paid. \$100.00 is for the reinstatement fee and \$25.00 is for the first month's dues.**

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 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 attendance requirement of drills, meetings, and fires each calendar year as stated in Rule 513-7-1-.08. 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. Dues paid by check or money order are due on the 10th of each month. Dues paid by automatic debit from the member's bank account are deducted on the 15th of the month. Some departments have the option to pay dues by payroll deduction or may pay dues on the members behalf, please check with your department for availability.
6. A firefighter cannot receive GFPF pension benefits while 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 decease prior to retiring. If no beneficiary is stated, the beneficiary will be the member's estate. Please contact our office to designate multiple beneficiaries to be paid pro-rata.
8. Your pension membership will begin when your completed application is received 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](http://www.gfpf.org).**



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## Application for Membership

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**If applying for reinstatement after previously withdrawing contributions or being suspended from membership, \$125.00 will need to be paid. \$100.00 is for the reinstatement fee and \$25.00 is for the first month's dues.**

<b>MEMBER INFO</b>	(Please Print) Social Security No: _____ (Check One) I am a: Full-time Firefighter* <input type="checkbox"/> Part-time Firefighter** <input type="checkbox"/> Volunteer Firefighter <input type="checkbox"/> Job Title: _____
	GFSTC Certification: Firefighter <input type="checkbox"/> Fire Inspector <input type="checkbox"/> Airport Firefighter <input type="checkbox"/> Fire Investigator <input type="checkbox"/> Fire & Life Safety Educator <input type="checkbox"/> Last Name: _____ First: _____ Middle: _____ Home Mailing Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: ____ / ____ / ____ Phone(H): _____ Phone(W): _____ Phone(C): _____
	(Please Print) Department: _____ Mailing Address: _____ City: _____ Zip: _____ County: _____ Chief's Name: _____
	(Please Print) Last Name: _____ First: _____ Middle: _____ Home Mailing Address: _____ City: _____ State: _____ Zip: _____ Social Security No: _____ Date of Birth: ____ / ____ / ____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship: _____
Please contact our office to designate multiple beneficiaries to be paid pro-rata.	

\*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