



**Law Enforcement Benevolent Fund
of Northern Virginia**
Multi-Jurisdiction Application Form
www.lawenforcementfund.org

Administered by:



FEDERAL EMPLOYEE PROGRAM ADMINISTRATOR

Applicant	Last Name <input type="text"/>	First Name <input type="text"/>	Initial <input type="text"/>
	Address <input type="text"/>		City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
	Employee ID # <input type="text"/>	Date of Birth <input type="text"/>	Sex <input type="text"/> Jurisdiction/Agency <input type="text"/>

Signature Forms without signature will not be processed

Today's Date

Enrollment Type

Payroll Deduction I elect to enroll in Law Enforcement Benevolent Fund of NoVA. I authorize a \$2.00 allotment per pay period through payroll deduction. **A payroll deduction card must be submitted with this form if your agency requires.**

Other Dues I elect to enroll in the Law Enforcement Benevolent Fund of NoVA. I authorize the to contribute \$2.00 per pay period on my behalf. I understand that if termination of membership or contributions from this association should occur, I am solely responsible for continuation of contributions to the Fund.

The purpose of the **Law Enforcement Benevolent Fund of NoVA** is to provide funds to the designated beneficiary (ies) of a deceased member immediately upon the death of a member from any cause (excluding suicide during the first two years of membership). Upon notification of the death of any member, the Fund will pay no less than the sum of \$20,000 to the member's designated beneficiary (ies) as listed below. **You are eligible for this coverage within 30 days of being hired or sworn in as a new agency employee.** After this period you will need to provide evidence of good health in order to be eligible for this program, unless you enroll during an open enrollment period. *When a minor child (ren) under the age of 18 is listed as a beneficiary, payment may be delayed until the legal financial guardian is identified by the court.* **Estates and trusts may not be designated as the primary beneficiary (ies).** All administrative and operational matters pertaining to the Fund are pursuant to the bylaws of the **Law Enforcement Benevolent Fund of NoVA**. Membership in the **Fund** terminates upon separation from the participating agency. **Please use a Change of Status form to update any information.**

I hereby designate the following person(s) as my beneficiary(ies) for the LEBF **Primary Beneficiary(ies)**: in equal shares or as indicated below

PRIMARY	Name	Last, First, MI	Address	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

As shall be living, and if no such Primary Beneficiary is then living, **Contingent Beneficiary(ies)**: In equal shares or as designated below

CONTINGENT	Name	Last, First, MI	Address	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>