



Law Enforcement Benevolent Fund of Northern Virginia

Application Form

www.lawenforcementfund.org

Administered by:



FEDERAL EMPLOYEE PROGRAM ADMINISTRATOR

Applicant	Last Name <input type="text"/>	First Name <input type="text"/>	Middle Initial <input type="text"/>
	Address <input type="text"/>	City <input type="text"/>	State <input type="text"/> Zip <input type="text"/>
	Date of Birth <input type="text"/>	Sex <input type="text"/>	Jurisdiction/Agency <input type="text"/> Employee ID # <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. 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	Phone Number	Date of Birth	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PRIMARY	Name Last, First, MI	Phone Number	Date of Birth	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	
	<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	Phone Number	Date of Birth	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CONTINGENT	Name Last, First, MI	Phone Number	Date of Birth	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	