

Volunteer Fire Retiree Change of Designated Beneficiary Form

Questions about
completing this form?

Call Retiree Payroll

ext. 6200

(303) 770-3772

in the Denver Metro area

(800) 332-3772

toll free nationwide

Return completed form to:
FPPA

mail: 5290 DTC Parkway
Suite 100

Greenwood Village,
Colorado 80111-2721

email:

RetireePayroll@FPPAco.org

or fax:

(303) 771-7622

Instructions:

This form should be completed by the
Volunteer Fire Department and returned
to FPPA at the information above.

Note:

- Beneficiary may be spouse only per C.R.S. 31-30-1126.
- This form supersedes all previous beneficiary designations.

Part A - MEMBER INFORMATION

MEMBER'S LAST NAME

MEMBER'S FIRST NAME

MEMBER'S MIDDLE INITIAL

MAILING ADDRESS

APT #

HOME PHONE #

CITY

STATE

ZIP

CELL PHONE #

SS # (last 4 digits only)

DATE OF BIRTH (mo / day / year)

Male ☐

Female ☐

Single ☐

Married ☐

XXX-XX-

EMAIL

Part B - SPOUSAL INFORMATION

SPOUSE'S LAST NAME

FIRST NAME

MIDDLE INITIAL

SS# (full 9 digits)

DATE OF BIRTH (mo / day / year)

PHONE #

SPOUSE BY:

☐ MARRIAGE

☐ CIVIL UNION

Were you divorced from the former designated beneficiary on record? Yes ☐ No ☐ Date of divorce ____ / ____ / ____

Is the former designated beneficiary on record deceased? Yes ☐ No ☐ Date of death ____ / ____ / ____

RETIREE'S SIGNATURE

X

DATE

Part C - DEPARTMENT CERTIFICATION

NAME OF VOLUNTEER FIRE DEPARTMENT

DEPARTMENT PHONE#

DEPARTMENT'S AUTHORIZED SIGNATURE (As it appears on the Pension Authorization Form.)

X

DATE

PRINTED NAME OF AUTHORIZED SIGNER