



Factfinder

Defined Benefit Length of Service Awards Program

EMERGENCY SERVICE ORGANIZATION INFORMATION:

Name of Organization: _____

Mailing Address: _____
Street or PO Box City/Twp/Borough County State Zip Code

Physical Address: _____
Street City/Twp/Borough County State Zip Code

Telephone Number: () Fax Number: ()

E-Mail Address: _____

Type of organization: Ambulance County Fire Department Relief Assoc. Rescue Squad
(Please check one)

CONTACT INFORMATION FOR EMERGENCY SERVICE ORGANIZATION:

Name: _____ Title: _____

Telephone Number: () Work Home E-mail Address: _____

PRODUCER INFORMATION:

Name of Producer: _____

Producing Agency: _____

Address: _____
Street or PO Box City/Twp/Borough State Zip Code

Telephone Number: () Fax Number: ()

E-mail Address: _____

Are you a life licensed? Yes No

Date Proposal Needed By: _____

Number of Copies Needed: _____

DATA REQUIRED FOR A LENGTH OF SERVICE AWARDS PROPOSAL:

**Census data including: Member's name, date of birth and date of membership
*Please review census to ensure legibility.**

Estimated annual amount available to fund the program: \$ _____

Proposed Effective Date of the Plan: _____

Plan #: _____

Benefit Formula: _____ Per Year of Past Service, Limited to _____ Years
_____ Per Year of Future Service
_____ Total Years of Service
_____ Maximum Monthly benefit at Entitlement Age

Entitlement Age: _____ With one (1) Year of Plan Participation

Face Amount: _____ (minimum of \$10,000.00)

Vesting Schedule: 100% vested after 5 Years of Service

Post Entitlement Death Benefits (Life Insurance Continues) Yes _____ No _____

Post Entitlement Benefits: Yes _____ No _____

DATA REQUIRED FOR ADDITIONAL PROPOSALS:

Plan #: _____

Benefit Formula: _____ Per Year of Past Service, Limited to _____ Years
_____ Per Year of Future Service
_____ Total Years of Service
_____ Maximum Monthly benefit at Entitlement Age

Entitlement Age: _____ With one (1) Year of Plan Participation

Face Amount: _____ (minimum of \$10,000.00)

Vesting Schedule: 100% vested after 5 Years of Service

Post Entitlement Death Benefits (Life Insurance Continues) Yes _____ No _____

Post Entitlement Benefits: Yes _____ No _____