**IOWA FIREFIGHTERS ASSOCIATION**

**TAYLOR MOORE, EXECUTIVE DIRECTOR**

P.O. BOX 10

MILFORD, NE 68405

**Mutual Aid Benefit**

Beneficiary Information

2023 REQUIREMENT: MUST COMPLETE NEW BENEFICIARY FORM AND RETURN BY MARCH 31, 2023

($10.00) Mutual Aid is a $500 death benefit paid to a beneficiary of your choice, on proof of your death from any cause, available to members of the Iowa Firefighters Association, whose age does not exceed forty (40) years on the date of application. (Actuarial studies show that to admit members over 40 years of age increases costs out of proportion to the membership and affects all members.) The purpose of Mutual Aid is to simply provide “Quick” aid to families of deceased members. Mutual Aid should be considered as an added feature to your insurance program. The amount, while not large, is in line with its purpose as the “Quick Money” and the cost is quite nominal in relation to its return. It should not be considered the same as any of the various group insurance policies which terminate with membership or employment at the age of 70.

**INSURED MUTUAL AID MEMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

***SIGNATURE* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**FIRE DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Present; or former if no longer an active member)**

**PRIMARY BENEFICIARY (100%):**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_**

**CONTINGENT BENEFICIARY (100%):** entitled to receive proceeds if the primary beneficiary dies before the named insured.

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_**