

Application

MAIL TO: SSPBA, 2155 HIGHWAY 42 S, MCDONOUGH, GA 30252-7636

APPLICATION CANNOT BE PROCESSED UNLESS ALL APPLICABLE LINES ARE COMPLETED.
I hereby make application for membership in the Southern States Police Benevolent Association.

First Name _____ Middle Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____
() ()

Home Telephone _____ Business Telephone _____

Social Security Number _____ Birth date _____

Employment Date _____ Rank _____ County of Employment _____

E-mail address (Personal E-mail's only) _____ Employing Agency/ Correctional Institution _____

Signature _____

FOR OFFICE USE ONLY

PBA Date _____ Draft Date _____ Action Code _____ Status _____ ID# _____

Chapter _____ Agency _____ Initiation Fee _____ Dues _____

Accidental Death Benefit Plan

MEMBER INFORMATION

Name: _____ First _____ Middle _____ Last _____
Social Security Number: _____ - _____ - _____

PRIMARY BENEFICIARY *

Name: _____
Social Security Number: _____ - _____ - _____
Date of Birth: _____ / _____ / _____
Current Relationship: _____
Address: _____ Street _____ Apt # _____
City _____ State _____ ZIP _____
Phone: () - - () - -
Home _____ Other _____

SECONDARY BENEFICIARY **

Name: _____
Social Security Number: _____ - _____ - _____
Date of Birth: _____ / _____ / _____
Current Relationship: _____
Address: _____ Street _____ Apt # _____
City _____ State _____ ZIP _____
Phone: () - - () - -
Home _____ Other _____

*Claims are paid to the listed beneficiary regardless of the status of the relationship changes.
**Secondary beneficiary is eligible for benefits if primary beneficiary is unavailable.
If no beneficiary is named or if beneficiary is unavailable, benefits will be paid to the member's estate.

Member's Signature _____ Date _____
THIS BENEFIT IS AT NO ADDITIONAL COST TO YOU

CITY OF LITTLE ROCK
VOLUNTARY DEDUCTION AGREEMENT

Employee Name _____ Social Security
Number _____

Department _____

DEDUCTION

Organization _____

Amount _____ Frequency: _____ Biweekly
_____ Monthly

Authorization

I hereby authorize the City of Little Rock to withhold from my payroll check the voluntary deduction indicated above.

This authorization is to remain in force until the City of Little Rock receives notice of cancellation from me. This notice of cancellation must be received by the payroll office no later than Friday before payday to be effective the following payday Friday.

Signed _____ Date _____

Cancellation

I hereby cancel the authorization for the City of Little Rock to withhold from my payroll check the voluntary deduction indicated above. Effective Date _____ Signed

For Department Use Only

Date Received in Payroll _____

Information verified as to accuracy? Yes No

Entered into Payroll System? Yes No

10/14/05

(Signature)

(Date)