

Report of Call, Volunteer or Substitute Firefighters

from the Fire Department of _____, N.H.

The undersigned hereby certifies that the following is a true and complete list of the call, volunteer or substitute firefighters of this Department who are eligible for the benefits of RSA 100-A:19 and who hereby apply for such benefits for the fiscal year beginning July 1, _____ to June 30, _____.

NAME	DOB	BENEFICIARY'S NAME	RELATION	DOB
1				
2				
3				
4				
5				
6				
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Signed and certified to, under the penalties of perjury, this _____ day of _____ 20_____

 Signature of Chief, Clerk or other responsible officer of the Fire Department.

INSTRUCTIONS

Include all names of applicants and their beneficiaries, as of July 1 of every year. Send this report with remittance of fees to the New Hampshire Retirement System. Notify your disbursing officer when mailing report and keep duplicate record for your file.