

**VOLUNTEER FIREFIGHTERS' BENEFIT ASSOCIATION OF MINNESOTA**

P.O. Box 822 • Detroit Lakes, MN 56502 • 218-850-3101

**APPLICATION CARD**

I hereby make application for protective membership in this Association and agree to abide by the Constitution and By Laws of the Association. First premiums are attached hereto.

**Volunteers - \$11.00; Paid Firefighters - \$132.00 (This includes \$4.00 Membership Fee).**

**Payment must accompany application. Please print clearly. Card must be signed.**

Revised August 1, 2015  
**CARD MUST BE FILLED OUT COMPLETELY**

Name in Full \_\_\_\_\_ Paid  Vol.

**PLEASE PRINT** First Middle Last

Fire Department of \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Married  Single

I hereby designate \_\_\_\_\_ who is my

(Relationship) \_\_\_\_\_ as my beneficiary in case of death.

Dated \_\_\_\_\_ 20 \_\_\_\_\_ Signed \_\_\_\_\_

Applicant

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Signed \_\_\_\_\_ Secretary or Chief

(Circle)

Fire Dept. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Certificates will be issued to every Volunteer Firefighter sending in the completed signed application together with the prescribed annual dues. Coverage effective when certificate is dated and signed by Association Secretary and President.

**Sec 3, Art. 9 report of Disability** - Any member of this Association contracting sickness or injury on account of fire service must within thirty (30) days notify the Secretary of this Association of such sickness or injury.  
**See Reverse Side**

**VOLUNTEER FIREFIGHTERS' BENEFIT ASSOCIATION OF MINNESOTA**

**NOTICE CONCERNING POLICY HOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW.**

If the Volunteer Firefighters' Benefit Association of Minnesota, who issued your life, annuity or health insurance policy becomes impaired or insolvent you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the Volunteer Firefighters' Benefit Association of Minnesota.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance companies authorized to do business in Minnesota are protected. SUBJECT TO LIMITATIONS AND EXCLUSIONS, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

**MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION  
4760 WHITE BEAR PARKWAY  
WHITE BEAR LAKE, MINNESOTA 55110  
(612) 377-2101**

The maximum amount the guaranty association will pay for all policies issued on one life by the same issuer is limited to \$300,000.00. Subject to this \$300,000.00 limit, the Guaranty Association will pay up to \$100,000.00 in life insurance cash surrender values. \$300,000.00 if life insurance death benefits or up to \$300,000.00 for the other types of benefits. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the Guaranty Association's Limits you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTION INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICY HOLDERS OF LIFE, ANNUITY OR HEALTH INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE VOLUNTEER FIREFIGHTERS' BENEFIT ASSOCIATION OF MINNESOTA CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL LIFE, ANNUITY AND HEALTH INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.

I have read the foregoing notice and received a copy for my records this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant