

SARASOTA FIREFIGHTERS INSURANCE TRUST FUND

**Group Health Benefit Plan
Application for Benefits**

c/o Resource Centers, LLC ~ 4360 Northlake Blvd. Suite 206 ~ Palm Beach Gardens, Florida 33410
(561) 624-3277 ~ (800) 206-0116 ~ Fax (561) 624-3278

**Martin A. Ferris
Founding Chairman**

Name: _____ Social Security #: _____

Address: _____ Date of Birth: _____

_____ Date of Hire: _____

Phone #: _____ Date of Retirement: _____

Mail payments to: (If different from above address)

E-mail address: (to be used by Trust Fund only)

Signature: _____ **Date:** _____

***** For Trust Fund Administrator Use Only *****

Is the employee eligible for benefits? Yes No If no, please explain:

Date of Eligibility: _____ Date of First Acct Credit: _____

Approved By: _____ Date: _____
