



SAN DIEGO FIREMAN'S RELIEF ASSOCIATION

Membership Enrollment Form

www.sdfra.org

MEMBER INFORMATION (all fields required)

Full Name:		Social Security #:		
Home Address:		City:	State:	9-digit zip:
Gender:	Date of Birth:	Employment Status: (Circle One) Active Retired		
Date of Hire:	Date of Retirement/Expected Retirement:	Active Classification (If Applicable):		
Status: (Circle One) Single Married Divorced Separated Widow(er) Domestic Partner				
Home Phone: ()		Cell Phone: ()		Work Phone: ()
Your primary e-mail address:			Your secondary or spouse's/domestic partner's e-mail address:	

SPOUSE OR DOMESTIC PARTNER INFORMATION

Name:		Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/>	Social Security Number:
Gender:	Date of Birth:	Home Phone: ()	Occupation

DEPENDENT INFORMATION

Dependents Name (Last, First, MI)	Sex	Relationship	Date of Birth Mo./Day/Yr.	Social Security No.	Full time student?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

EXCHANGE OF MEDICAL INFORMATION

To comply with security standards, SDFRA has implemented safeguards in accordance with the Health Insurance Portability and Accountability Act (HIPAA) to ensure confidentiality of all health and prescription information on our members.

MEMBER SIGNATURE

Date: _____ Signature _____