

List of Firefighters for Income Protection Plan

Municipal League Worker's Compensation Program 501-978-6127



MUNICIPAL
WORKERS COMP

To join or renew the League's Firefighters Supplemental Income and Death Benefit Program for volunteer, part-paid, and/or full-time firefighters of your city or town please provide the following:

Please list names of volunteer, part-paid, and/or full-time firefighters.

1. _____	23. _____
2. _____	24. _____
3. _____	25. _____
4. _____	26. _____
5. _____	27. _____
6. _____	28. _____
7. _____	29. _____
8. _____	30. _____
9. _____	31. _____
10. _____	32. _____
11. _____	33. _____
12. _____	34. _____
13. _____	35. _____
14. _____	36. _____
15. _____	37. _____
16. _____	38. _____
17. _____	39. _____
18. _____	40. _____
19. _____	41. _____
20. _____	42. _____
21. _____	43. _____
22. _____	44. _____

Submit this completed list with the names of your volunteer, part-paid, and/or full-time firefighters with check payable to:

**Firefighters Supplemental Income and Death Benefit Program
P.O. Box 37
North Little Rock, AR 72115**

Number of Firefighters _____ X \$20.00 = _____ (Please note there is a \$240 minimum)

City/Town Name: _____ Date: _____

Completed by: _____
(Your Name)

(Your Title)

(Your Phone)