

New Hampshire State Firemens Association



Department

Individual making change:

Date:

Add: Change: Cancel: Retired: No Change

Name:

Address:

City:

State:

Zip:

DOB:

Gender: M F

Primary Phone Number:

Email:

Part time: Career: Call: Volunteer:

Primary Beneficiary 1:

Primary Beneficiary 2:

Primary Beneficiary 3:

Contingent Beneficiary 1:

Contingent Beneficiary 2:

Contingent Beneficiary 3:

Primary beneficiary the first person to receive the beneficiary the contingent is if the primary beneficiary is not able to receive the beneficiary.

Return to secretary@nhsfa.org

NHSFA
PO Box 10512
Bedford NH 03110