

Bismarck Firefighter's Relief Association

121 Tucson Ave
Bismarck, ND 58504 (701-255-4049)

APPLICATION OF FIREFIGHTER FOR DISABILITY PENSION

Disability in line of duty

Disability not in line of duty

To the board of trustees of the Bismarck Firefighter's Relief Association:

I, _____ do hereby apply for a disability pension in compliance with the constitution and by-laws of the Bismarck Firefighter's Relief Association, Article XVI, Section A.

1. I have served as an active member in good standing in the Bismarck Fire Department from _____ to _____ and as an active member of the Bismarck Firefighter's Relief Association from _____ to _____.

2a. (Complete if disability is not in line of duty) That applicant has become permanently disabled from causes not arising in the line of duty as a member of the _____ Fire Department, and that by reason thereof said applicant is so physically or mentally disabled as to prevent the effective performance of his duties.

2b. (Complete if in line of duty) That applicant further shows that he/she is at this time so physically or mentally disabled as to prevent the effective performance of his/her duties as such firefighter, and that he/she became so disabled as the result of an accident or illness arising out of and sustained in the course of the performance of his/her duty as such firefighter and through no negligence of his/her own on the _____ day of _____ year _____.

3. Applicant further shows that his/her present disability, as a result of such accident or illness is as follows: _____

4. Please enclose: Two Physicians statements and any available injury reports.

4. Provide the following information to the secretary.

Firefighter's: DOB _____ SSN _____

Spouse's: Name _____ DOB _____ SSN _____

Children under 18 yrs: Name

DOB

_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Signature

Mailing Address

City State Zip+4

Phone

State of North Dakota

County of Burleigh

I hereby certify that the above and foregoing application and release was executed by

_____ on this _____ day of _____, _____.

Subscribed and sworn to before me _____, _____.

My commission expires _____.

Notary Public