

**FIREFIGHTERS' PENSION & RELIEF FUND  
FOR THE CITY OF NEW ORLEANS  
3520 General De Gaulle, Ste. 3001  
New Orleans, LA 70114  
Phone: (504) 366-8102  
Fax: (504) 366-8103**

**NOTIFICATION OF PARTICIPATION  
(New System Firefighter)**

You are eligible to participate, as a New System Member, in the Firefighters' Pension & Relief Fund for the City of New Orleans ("Fund"), as established under La. R.S. 11:3361 et seq. Enclosed is a copy of a Summary Plan Description explaining the operation of the Fund and any benefits to which you are entitled thereunder.

Please provide the following information and return this Notification to the Trustees at the above address:

(Please Print or Type)

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Telephone Number: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Employment as Firefighter: \_\_\_\_\_  
Month Day Year

Date of Birth: \_\_\_\_\_  
Month Day Year

(Please submit verification of date of birth, i.e. certified copy of birth certificate.)

Marital Status:  Single  Married  Divorced

If Married:

Name of Spouse: \_\_\_\_\_  
Last First Middle

