

# Montana Police Protective Association

## Member Enrollment Form and Death Benefit Form

**All sections must be completed**

**Local Assoc.** \_\_\_\_\_

**Please Print**

<b>Member Name (Last, First, Middle)</b>	<b>Gender</b> Male Female	<b>Date of Birth</b> / /	<b>Social Security #</b>	<b>Telephone #</b>	<b>Date of Hire</b> / /
<b>Member <u>HOME</u> Address (City, State, Zip)</b>					
<b>Beneficiary Name (Last, First, Middle)</b>	<b>Address</b> City, ST, Zip		<b>Percent of Benefit</b>	<b>Relationship to Member</b>	
<b>Contingent Beneficiary</b>	<b>Address</b> City, ST, Zip		<b>Percent of Benefit</b>	<b>Relationship to Member</b>	
<b>Member Signature</b>			<b>Date Signed (MM/DD/YYYY)</b>		

**Please list Dependents including Spouse**

Name	Gender	Date of Birth