

**ALABAMA ASSOCIATION OF RESCUE SQUADS  
SUPPLEMENTAL INSURANCE ENROLLMENT  
ACCIDENTAL DEATH AND DISABILITY  
UNDERWRITTEN BY VOLUNTEER FIREMAN'S INSURANCE (VFIS)**

**PREMIUM - \$10.00 PER YEAR  
\$10,000.00 ANY TYPE ACCIDENTAL DEATH - 24/7  
\$100.00 A WEEK DISABILITY-RESUCE RELATED**

(PLEASE PRINT)

NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SQUAD AFFILIATION \_\_\_\_\_

PRIMARY BENEFICIARY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SECONDARY BENEFICIARY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*  
My signature indicates that I understand I am personally responsible for payment of the \$10.00 annually to the Alabama Association of Rescue Squads for this supplemental insurance and that if my membership in the association is terminated for any reason, the insurance is also terminated. I also understand this insurance expires December 31<sup>st</sup> each year and must be renewed annually.  
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I certify that the above is in good standing with the \_\_\_\_\_  
(Name of Unit)

As of \_\_\_\_\_  
(Date) (Officer Signature) (Title)

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Make check payable to: Alabama Association of Rescue Squads  
Mail completed form to: AARS P O Box 569 Addison, AL 35540

**It is recommended that a copy of this form be kept on file with your unit**

For benefit information call the association office at 1-800-452-8431