



100 CLUB OF ARIZONA

OFFICER/FIREFIGHTER DEATH – FINANCIAL ASSISTANCE REQUEST

Today's Date: _____ Years of Officer or Firefighter's Service: _____ Date of Death: _____

Check one: Line of Duty Death (LODD): _____ Non Line of Duty Death (NLODD): _____

Name of Deceased: _____ Birth Date: _____

Department/Agency: _____ Title: _____

Was Deceased a Full-time Paid Employee? Yes _____ No _____

Beneficiary Name (Spouse/Parent): _____ Birth Date: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Beneficiary's Email: _____

Make Benefit Check To: _____ Relationship to deceased: _____

Dependents: (other than spouse) _____ Birth Date(s): _____

Events of Death (Provide: where, when, how, news or department articles, if available). You may attach additional pages if needed. Please submit Incident Report or Industrial Claim with request

Was the officer/firefighter working on duty at time of death? _____

For Agency/Department _____ Other _____

Information Provided By: (MUST BE FIRST LEVEL SUPERVISOR or H/R SUPERVISOR)

Print Name: _____ Title: _____

Office Phone: _____ Mobile Phone: _____ Other Phone: _____

Department/Agency: _____ Email: _____

Address: _____ City: _____ St: _____ ZIP: _____

Agency or Department Chief's Name (Please Print): _____

Chief's mailing address (Please Print): _____

Your signature: _____ Date: _____

Second Level Supervisor

Print Name: _____ Title: _____

Signature: _____ Date: _____

Office Phone: _____ Mobile Phone: _____ Other Phone: _____

FAX TO: 100 Club (602) 242-1715 To verify the 100 Club has received this fax, call 602-485-0100

(To be completed by authorized 100 Club personnel)

Verified: _____ Date: _____ Data ID: _____ PDF: _____ Excel: _____

Approved: _____ Date: _____ Check#: _____ ENTD _____ Amount: _____