



**NOTICE OF CONTRIBUTION SUSPENSION  
(TO RESUME AT A FUTURE DATE)  
COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS'  
& RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM**

**PART A. MEMBER INFORMATION**

2. Name (First, Middle Initial, Last)		
3. Address (Street, City, State and ZIP+4)		
4. Social Security Number	5. Date of Birth	6. Phone Number
7. Department/Squad Information <input type="checkbox"/> Fire <input type="checkbox"/> Rescue      Department/Squad Name: _____  <input type="checkbox"/> Location/County: _____  <input type="checkbox"/> Original Enrollment Date: _____		

**PART B. MEMBER CERTIFICATION (Check appropriate box)**

- I will temporarily suspend my contributions in the following quarter (select one quarter)  
 Jan-Mar \_\_\_\_\_(yr)     Apr-Jun \_\_\_\_\_(yr)     Jul-Sep \_\_\_\_\_(yr)     Oct-Dec \_\_\_\_\_(yr)
- I will resume my contributions in the following quarter (select one quarter)  
 Jan-Mar \_\_\_\_\_(yr)     Apr-Jun \_\_\_\_\_(yr)     Jul-Sep \_\_\_\_\_(yr)     Oct-Dec \_\_\_\_\_(yr)
- The date I will resume my contributions is unknown at this time.

**Acknowledgment:** I acknowledge that in order to be reinstated without paying a \$25 fee, I must be a member in good standing and file this form before stopping my contributions. To resume contributions, I must file the Application for Membership (VOLSAP-1) and check the appropriate box in Part B (the Member Certification) of that form.

Member Signature

Date

**PART C. DEPARTMENT/SQUAD CERTIFICATION**

I certify the above-named applicant is a current member of the department/squad named above and that I am temporarily removing his or her name from the Transmittal Report.

Authorized Signer's Printed Name

Date

Authorized Signer's Title

Phone Number

Authorized Signature

Send completed form to:

Principal Custody Solutions/VOLSAP  
510 N. Valley Mills Dr., Suite 400  
Waco, TX 76710

Email questions to:  
[volsap@usi.com](mailto:volsap@usi.com)