



**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 <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 25%;"><input type="checkbox"/> Fire <input type="checkbox"/> Rescue</div><div style="width: 75%;"><div>Department/Squad Name: _____</div><div>Location/County: _____</div><div>Original Enrollment Date: _____</div></div></div>		

PART B. MEMBER CERTIFICATION (Check appropriate box)

<input type="checkbox"/> I will temporarily suspend my contributions in the following quarter (select one quarter) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><input type="checkbox"/> Jan-Mar _____(yr)<input type="checkbox"/> Apr-Jun _____(yr)<input type="checkbox"/> Jul-Sep _____(yr)<input type="checkbox"/> Oct-Dec _____(yr)</div>	
<input type="checkbox"/> I will resume my contributions in the following quarter (select one quarter) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><input type="checkbox"/> Jan-Mar _____(yr)<input type="checkbox"/> Apr-Jun _____(yr)<input type="checkbox"/> Jul-Sep _____(yr)<input type="checkbox"/> Oct-Dec _____(yr)</div>	
<input type="checkbox"/> 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**