



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: _____ Location/County: _____ Original Enrollment Date: _____ | | |

PART B. MEMBER CERTIFICATION (Check appropriate block)

| | |
|--|---------------|
| <input type="checkbox"/> I will temporarily suspend my contributions in the following quarter (select one quarter) <input type="checkbox"/> Jan-Mar _____(yr) <input type="checkbox"/> Apr-Jun _____(yr) <input type="checkbox"/> Jul-Sep _____(yr) <input type="checkbox"/> Oct-Dec _____(yr) | |
| <input type="checkbox"/> I will resume my contributions in the following quarter (select one quarter) <input type="checkbox"/> Jan-Mar _____(yr) <input type="checkbox"/> Apr-Jun _____(yr) <input type="checkbox"/> Jul-Sep _____(yr) <input type="checkbox"/> Oct-Dec _____(yr) | |
| <input type="checkbox"/> The date I will resume my contributions is unknown at this time. | |
| Acknowledgement: 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 block 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@varetire.org