



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

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

<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.	
<b>Acknowledgment:</b> 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