

Membership Form

Please type or print legibly in ink and sign the form. Once completed, please return this form to your employer. Your employer will give you one copy, will retain one copy for its records, and will forward the original to MFPRSI.

- New Member** – Complete the entire form. **Transfers** – Complete the entire form.

Part A – General Information

Last Name First Name Middle Initial

Address City State Zip

Phone Date of Birth SSN Email

Sex: Male Female **Marital Status:** Single Married Divorced Separated Widowed

Part B – Current Employer

Employing City Police Fire

Starting Date Position Title

Part C – Spouse and Dependents

This does not constitute a designation of beneficiary. You must complete a Beneficiary Designation form.

Spouse's Name Spouse's Date of Birth Spouse's SSN

Dependents: Please list below the names and birth dates of your children under the age of 22. Indicate whether children over 18 are full-time students or are disabled (for social security purposes). If necessary, list additional children on a separate sheet of paper and attach it to this form.

Child's Name	Date of Birth	Full-time Student	Disabled	SSN
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part D – Employment History

If you have ever worked as a firefighter or police officer in Iowa before, please list the departments where you worked, the dates of employment, and whether you were covered by Social Security (SS) for retirement benefits. Please indicate whether you worked as a police officer or firefighter, and indicate whether or not you received a refund of your pension contributions from that employer.

Department Name (City)	Employment Dates	SS Coverage	Refund
_____ <input type="checkbox"/> Police <input type="checkbox"/> Fire	_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <input type="checkbox"/> Police <input type="checkbox"/> Fire	_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <input type="checkbox"/> Police <input type="checkbox"/> Fire	_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please sign below:

Witness to your signature – must be someone other than your spouse or designated beneficiary

Your signature

Date