North Carolina
Retirement Systems

Form 350
Enrolling in the Firefighters' and Rescue Squad Workers' Pension Fund

Review Pension Fund enrollment requirements outlined in the attached Guide.
Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Tell us about yourself.

First Name	M.I.	Last Name	Suffix	Gender ☐ M ☐ F
Mailing Address			Date of Birth	SSN
City	State	Zip Code	Phone (At least one phone required)	Mobile (At least one phone required)
Personal Email Address			Position Title	

Section B. Department/Squad, certify applicant is a member of your department/squad.

Fire Department or Rescue Squad Name		Department / Squad Number (If Known)
County	First Day of Service (MM-DD-YYYY)	Check One: ☐ Firefighter ☐ Rescue Squad Worker

I certify that the applicant named in Section A is a current member of this department/squad, and that the information provided in this section (Section C) is true and correct to the best of my knowledge.

Chief, Captain, or
Authorized Contact Signature _____ Date _____

Contact First Name	Contact Last Name	
Position Title	Email Address	Phone

Section C. Authorize your enrollment in the Pension Fund with your signature.

I certify that I have read the information on this form and the guides, and I am an eligible firefighter or eligible rescue squad worker (as defined in Guide A) and request to be enrolled in the Pension Fund. I understand that my enrollment will be effective in the month in which the Pension Fund receives this form along with proof of birth and Social Security number and my first required monthly contribution of $15. I understand that future $15 contributions for each month of service credit in a calendar year must be received in the Pension Fund office by March 31st of the following year in order to be properly credited.

Member's Signature _____ Date _____

Please submit this form to your fire department or rescue squad to complete Section D.

Section D. Send the following required items with this form to the address below.

☐	**Submit a copy of your Social Security card or Social Security Administration statement** with full name and SSN.
☐	**Proof of Birth:** Submit proof of date of birth for you and your beneficiary by providing a copy of the following: - Birth Certificate, Driver's License, Passport, or State/ Federal/ Military Identification
☐	At least the **first month's contribution ($15)** made payable to the Firefighters' and Rescue Squad Workers' Pension Fund.

Submit the completed form with supporting documentation by mail or email.

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North Carolina
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Form 350 Guides
Enrolling in the Firefighters' and Rescue Squad Workers' Pension Fund

Guide A. Enrollment requirements.

Eligible Firefighters
To be an "eligible firefighter," you must be 18 or older and belong to a fire department that:

1. is rated by the Fire Insurance Rating Bureau and is certified by the Department of Insurance as not less than a Class "9S" department,
2. files a roster annually with the North Carolina State Firefighters' Association, which is forwarded to the Pension Fund by January 31st each year, and
3. holds training sessions at least 4 hours monthly for which members are required to attend at least 36 hours per year.

Eligible Rescue Squad Workers
To be an "eligible rescue squad worker," you must be 18 or older and belong to a rescue squad that:

1. is eligible for membership in the North Carolina Association of Rescue and Emergency Medical Services Inc., and
2. files a roster annually with the North Carolina Association of Rescue and Emergency Medical Services Inc., which is forwarded to the Pension Fund by January 31st each year.
3. Eligible rescue squad workers must attend a minimum of 36 hours of training sessions each year.

Guide B. When will my enrollment be effective?

Your enrollment will be effective in the month in which the Pension Fund receives your completed Form 350 along with proof of birth and Social Security number and the required first monthly contribution of $15.

Guide C. How much do I contribute each month?

Future $15 contributions for each month of service credit in a calendar year must be received in the Pension Fund office by March 31st of the following year in order to be properly credited.

Contributions are returned or may be applied to the current year if received after March 31st; however, you may be eligible to purchase Pension Fund credit for this service. You will not receive Pension Fund credit for the prior calendar year if your prior year contributions are not received by March 31st of the following year.

Cash is not accepted as a form of payment. The acceptable methods of payment are personal check, money order, or cashier's check.

Guide D. Naming a beneficiary.

A principal beneficiary will be the first person(s) that you select to receive a benefit payment after your death. You may choose one or multiple principal beneficiaries. A contingent beneficiary will be the person(s) who will be paid only if all principal beneficiaries are deceased at the time of your death. You do not have to select any contingent beneficiaries, but if you do, you must select a principal beneficiary.

You have the option to designate as a beneficiary:

- One living person.
- More than one living person to share the benefit equally.
- Your estate. Write ESTATE in the Last Name box under Section B.

Here are some guidelines you should follow when selecting beneficiaries:

- You must supply the name, Social Security number and date of birth for each beneficiary listed.
- Although there is no limit to the number of principal and contingent beneficiaries you may choose, you must choose at least one principal beneficiary before a contingent can be chosen.
- If you list multiple beneficiaries, you may not assign percentages of the benefit to any individual; the benefit will be divided equally among the beneficiaries.
- If you elect multiple beneficiaries, they will only be eligible for the Undistributed Contributions and the Survivorship Benefit will not be an option.
- If you elect you estate a principal beneficiary, your estate will only be eligible for the Undistributed Contributions and the Survivorship Benefit will not be an option.
- Your beneficiary(ies) cannot be an unborn child, a pet, a church, or institution.
- You don't need permission from the beneficiary(ies) to make or change the designation; however, if a court order directs you to designate someone as a beneficiary, you must comply with the order.
- You don't have to make your beneficiary(ies) aware of this designation.
- You don't have to name relatives as beneficiary(ies).

These guides are subject to and governed by the General Statutes of the State of North Carolina.

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