COLORADO FIREFIGHTER
HEART, CANCER & BEHAVIORAL HEALTH
BENEFITS TRUST

Full-Time, Part-Time, and Volunteer Firefighter List

Department Name:

FDID Number:

First Name and Middle Initial	Last Name	Employee #	Gender	Birth Year	Date of Hire	Date of Termination	Years of Prior Full-Time Fire Service	Years of Prior Part-time Fire Service	Years of Prior volunteer Fire Service	Type (full-time, part-time, or volunteer)

Please submit completed forms to Trust Administrator
Email: LShi@mcgriff.com Fax: (503) 943-6622 Phone: (503) 943-6372

Forms may also be mailed to:

c/o McGriff

P.O. Box 1539, Portland, OR 97207-1539