

**CITY OF OKEECHOBEE
MUNICIPAL FIREFIGHTERS' PENSION FUND**

**NEW EMPLOYEES' ACKNOWLEDGEMENT
OF PLAN MEMBERSHIP FORM**

TO: Board of Trustees

1. I hereby acknowledge all the terms and conditions of the City of Okeechobee Municipal Firefighters' Pension Fund, and
2. I have been furnished with a Summary Plan Description.

Signature of Member

Date

NEW EMPLOYEE INFORMATION:

DATE OF HIRE: _____

DEPARTMENT: _____

JOB TITLE: _____

STARTING SALARY: \$ _____ ANNUALLY

LEGAL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

ADDRESS: _____

INFORMATION PROVIDED IN RED IS EXEMPT FROM PUBLIC RECORD

Board of Trustees:

Date Accepted: _____

By: _____

☐ Emailed to Plan Administrator
on: _____ by: _____

☐ Original to Personnel File

☐ Employee Copy with Plan
Summary attached