

# LOS ANGELES COUNTY FIREMEN'S RELIEF ASSOCIATION

P.O. BOX 91-1113  
COMMERCE, CA. 90091

## APPLICATION FOR RETIREMENT BENEFITS

Date: \_\_\_\_\_

Board of Directors  
Los Angeles County Firemen's Relief Association  
P.O. Box 91-1113  
Commerce, CA. 90091

Gentlemen:

Being a member in good standing of the Los Angeles County Firemen's Relief Association and having been placed on Retirement by the Los Angeles County Board of Retirement, effective as of \_\_\_\_\_ . I hereby make an application for whatever benefits I may be entitled to in connection with such retirement from active service.

**4112. Time limit to file claims:** Claims for benefits must be on file with the Association not later than three months from retirement.

_____	_____
(Print Name)	(Employee Number)
_____	_____
(Street Address)	(Phone Number)
_____	_____
(City)	(Zip Code)
_____	
(Signature)	

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### DO NOT WRITE IN THIS SPACE

APPROVED: \_\_\_\_\_ RETIREMENT ACCOUNT NO: \_\_\_\_\_

CHECK NO: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_

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Rcvd \_\_\_\_\_ LACERA \_\_\_\_\_ Min. \_\_\_\_\_