

Fresno City Employees Association, Inc.

Dues Deduction Authorization

1913 N Gateway Blvd Suite 101
Fresno, CA 93727

Phone: 559-268-7767
Website: fcea.net
E-mail: Office@fceamail.com

Member Information

Please Print Clearly

LAST NAME (PRINT OR TYPE)		FIRST NAME		MIDDLE NAME	
HOME STREET ADDRESS		CITY		STATE	ZIP CODE
HOME MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE
CELL PHONE		WORK PHONE		HOME PHONE	
HOME EMAIL		WORK EMAIL		DATE OF BIRTH	
DEPARTMENT		DIVISION	DATE OF HIRE	EMPLOYEE ID #	
JOB TITLE					

BENEFICIARY INFORMATION

\$1,500.00 DEATH BENEFIT (No Cost To Member)

LAST NAME (PRINT OR TYPE)		FIRST NAME		M.I.	RELATIONSHIP
HOME MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE

By signing below I affirm the information I have provided is correct, and that I understand the following:

This form must be completed and returned to the FCEA office to be eligible for the \$1,500.00 NO COST death benefit.

This beneficiary election will continue to be effective unless I submit (and the FCEA office receives) a new form.

Only as an FCEA Member in Good Standing will I be eligible for my beneficiary to receive the death benefit.

SIGNATURE

DATE