



Professional Firefighters/Paramedics of Palm Beach County, Inc. IAFF Local 2928

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PALM BEACH COUNTY FIREFIGHTER'S LEGAL SERVICES PLAN ENROLLMENT FORM

EMPLOYEE NAME: _____

SOCIAL SECURITY: _____

BATTALION: _____

I REQUEST THE DEDUCTION OF AN ADDITIONAL **\$6.50** PER PAYCHECK
FOR THE FIREFIGHTERS' LEGAL SERVICES PLAN.

EMPLOYEE'S SIGNATURE _____

DATE: _____

UNION REPRESENTATIVE: _____

