



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

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FIREFIGHTERS' LEGAL SERVICES PLAN ENROLLMENT FORM (PB COUNTY, PB GARDENS, TEQUESTA, DELRAY BCH.)

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

DEPARTMENT CIRCLE ONE: COUNTY GARDENS DELRAY TEQUESTA

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

EMPLOYEE'S SIGNATURE _____

DATE: _____

UNION REPRESENTATIVE: _____

