



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

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TOWN OF PALM BEACH

FIREFIGHTERS' LEGAL SERVICES PLAN ENROLLMENT FORM

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

I REQUEST THE DEDUCTION OF **\$6.00** PER PAYCHECK FOR THE FIREFIGHTERS' LEGAL SERVICES PLAN.

EMPLOYEE'S SIGNATURE _____ DATE: _____

UNION REPRESENTATIVE: _____ DATE: _____

