# Las Vegas Police Managers and Supervisors Association

## Membership Application

Name_____
First MI Last

Address_____
Number Street Apt.

_____
City State Zip

Date of Birth_____ SS#_____

Work Email_____ Home Phone_____

Personal Email_____ Work Phone_____

Personal Cellular_____ Work Cellular_____

Rank/P#_____ Unit/Section_____

Date of Hire_____ Date of Appointment_____

**I hereby request membership in the Las Vegas Police Managers and Supervisors Association, Inc.**

**Signature**_____ **Date**_____

Thousand mile completed applications to the PMSA
or
Send Completed Applications To:

**LVPMSA**
801 S. Rancho Dr., Suite A-1
Las Vegas, NV 89106
Phone: 702-384-2924
Fax: 702-384-3024

FOR PAYROLL USE

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

# PAYROLL RECURRING DEDUCTION SHEET

| EMPLOYEE NAME: | P# | DAYTIME CONTACT NUMBER: |
|---|---|---|
| | | |

| WAGE TYPE | DEDUCTION TYPE | DEDUCTION AMOUNT | START DATE | STOP DATE | |
|---|---|---|---|---|---|
| **DUES CONTACT RESPECTIVE ASSOCIATION TO JOIN** | | | | | |
| 5009 | BPA Dues (24 pay periods) | | | | May cancel at any time. |
| 5010 | NLPOA Dues (24 pay periods) | | | | May cancel at any time. |
| 5007 | PMSA Dues (all pay periods) | | | | Contact PMSA to cancel. |
| 5005 | PPA Dues (24 pay periods) | | | | Contact PPA to cancel if outside of Oct. 1 - Oct. 20. |
| 5006 | PPACE Dues (all pay periods) | | | | Contact PPACE to cancel if outside of Mar. 1 - Mar. 20. |
| 5008 | SPA Dues (24 pay periods) | | | | May cancel at any time. |
| N/A | CCDSA Dues (all pay periods) | | | | May cancel during Mar. 1 - Mar. 20. |
| **MISCELLANEOUS DEDUCTIONS** | | | | | |
| 5200 | Law Enforcement Assist Fund (LEAF) (24 pay periods) | | | | ☐ One time ☐ Recurring |
| 5415 | National LEO Memorial Fund (all pay periods) | | | | ☐ One time ☐ Recurring |
| 5435 | PMSA Foundation (24 pay periods) | | | | ☐ One time ☐ Recurring |
| **LOANS** | | | | | |
| | | | | | **ORIGINAL LOAN AMOUNT** |
| 5411 | Employee Reimbursement | | Reason: | | |
| 5223 | BPA loan (all pay periods) | | | | |
| 5220 | PPACE Assoc. loan (all pay periods) | | | | |
| 5210 | SPA loan (24 pay periods) | | | | |
| 5410 | Purchase retirement (24 pay periods) | CONTACT PERS TO INITIATE PURCHASE. MAY CANCEL AT ANY TIME. | | | |
| 5413 | Purchase retirement 2 (24 pay periods) | | | | |

| EMPLOYEE SIGNATURE AND P# (SIGN NAME AS IT APPEARS ON PAYCHECK) | DATE | REPRESENTATIVE SIGNATURE | DATE |
|---|---|---|---|
| | | | |

# Sun Life Assurance Company of Canada

## Beneficiary Designation

Sun Life Financial[SM]

You may use this form to designate who will receive the Group Life Insurance proceeds in the event of your death.

The designations you make on this form replace any prior beneficiary designations.

Designations apply to your Basic as well as any Optional Life Insurance you have under your Group Policy. If you would like different beneficiaries for your Basic and Optional coverages, please indicate that below.

See Page 2 of this form for sample beneficiary designations and more information.

### 1 Employee and employer information

Please print clearly

| Your Name (first, middle initial, last) | | Social Security Number |
|---|---|---|
| Employer's Name | Group Policy Number | Billing Group Number |

### 2 Beneficiary Designation

For Primary Beneficiaries, indicate who should receive the Group Life Insurance proceeds in the event of your death.

For Secondary (also known as *Contingent*) Beneficiaries, indicate who should receive the Group Life Insurance proceeds in the event that ALL of your Primary Beneficiaries are not living at the time of your death.

Please make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal 100%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

| | Primary Beneficiary(ies) | Social Security Number | Relationship to Employee | Percent Share of Proceeds* |
|---|---|---|---|---|
| 1. | Name:<br>Address: | | | % |
| 2. | Name:<br>Address: | | | % |

| | Secondary (Contingent) Beneficiary(ies) | Social Security Number | Relationship to Employee | Percent Share of Proceeds* |
|---|---|---|---|---|
| 1. | Name:<br>Address: | | | % |
| 2. | Name:<br>Address: | | | % |

* The total within each class (Primary and Secondary) must equal 100%.

### 3 Signature

**Employers:** Keep the signed original copy of this form with the employee's records.

**Important:** You must sign and date this form for your designation to become effective. Make a copy for your records and return the signed original to your employer.

| Signature of Employee | Date Signed |
|---|---|
| X | |

*Continued on next page*



Clear

## Beneficiary Wording Alternatives

| Proposed Beneficiary(ies) | Suggested Wording |
|---|---|
| **1.** Estate | Estate |
| **2.** One beneficiary | Martha Doe, wife |
| **3.** More than one beneficiary in equal shares | Jane Doe, Mary Doe and Richard Doe, children, or survivor(s) of them, in equal shares. |
| **4.** Two beneficiaries, in succession | Primary: Martha Doe, wife; Secondary: Richard Doe, son. *(Richard will only receive proceeds if Martha Doe is not living at the time of the employee's death.)* |
| **5.** One beneficiary followed by two beneficiaries in equal shares | Primary: Martha Doe, wife; Secondary: Jane Doe and Mary Doe, children in equal shares, or the survivor of them. *(Jane and Mary will only receive proceeds if Martha Doe is not living at the time of the employee's death.)* |
| **6.** More than one Beneficiary in equal shares per descendent order | Jane Doe, Mary Doe and Richard Doe, or the survivor(s) of them, in equal shares. However, if any of my children predecease me and leave issue who survive me, the issue of the deceased child will receive their parents' share in equal shares. |
| **7.** One or more minor children | John Smith, as custodian for Jane Doe, a minor, under the Uniform Transfers to Minors Act (UTMA) so that proceeds can be paid before the child reaches the age of majority. |
| **8.** To a church or non-profit organization | Name and address of the beneficiary organization. |
| **9.** Beneficiaries shown in percentages | John Smith, brother - 40%, or in the event of his death, to my estate; Alan Smith, brother 60%, or in the event of his death, to my estate. |
| **10.** Trust under Last Will and Testament | Proceeds to be paid to the Trustee under my Last Will and Testament. |
| **11.** Existing Trust | Jane Doe, Trustee of the Doe Family Trust, dated 1/1/2001. |

**Please Note:** You cannot name your employer as a beneficiary for Group Life Insurance proceeds under the Group Policy.

Dependent Life Insurance benefits are payable to the employee, or the employee's estate if the employee does not survive the dependent.

**Sun Life Assurance Company of Canada is not a tax or legal advisor and the above information is provided as general information only. Before making beneficiary designations, you may want to consult with your tax or legal advisor.**

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