

Department of Public Safety Mutual Association Application for Membership

I herewith apply for membership in the Department of Public Safety Mutual Association and agree that I will abide by the Constitution and By-Laws of this Association while a member thereof.

Last Name	First Name		MI	Social Security Number	
Date of Birth Title	,				
Duty Station/Department	Date Emj	Date Employed		Date Retired (if applicable)	
		_			
Primary Phone Number	Secondary Phone Number		Office Phone Number	ext. (optional	
Email Address Personal or Work					
Applicant's Home Address					
City		State	Zip	-	
Beneficiary: (Multiple and/or cont	ingent beneficiaries may be desig	gnated. See Forr	m MA-004.)		
				·	
Last Name	First N	First Name		MI	
Relationship to Insured	Date of Birth	Social Se	curity Number (required by Texas	Family Code §157.317(a)(3))	
Beneficiary's Home Address					
City		State	Zip	_	
Email address			Primary Phone Nu	ımber	
Percentage Note: A percentage	entage must be designated for each bea	neficiary			
I hereby certify that I am presently in of examination in order to qualify for		of any terminal i	llness which would requir	re a doctor's certificate	
NOTICE: The Board of Directors may re	equire evidence of insurability if it ele	cts to do so.			
Please see Form MA-003 for payment op	otions and fee schedule.				
I agree to pay an additional amount for a forfeit all claims as a member of the asso		f due date, and und	derstand that failure to pay	all calls on time shall	
It is further agreed that termination of emagainst the Department of Public Safety !		Public Safety will	automatically cancel my po	licy and all claims	
I further agree that if I choose to cancel to the association, and I will have no claim		ssociation, such fu	nds as already paid into thi	s association will revert	

If choosing payroll deduction, email payroll deduction form (MA-002) to Payroll_Question@dps.texas.gov and email application (MA-001) to DPSMutual@dps.texas.gov. If paying by check or money order, mail application and payment to DPS Mutual, PO Box 4087, Austin, TX 78773.