



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 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 contingent beneficiaries may be designated. See Form MA-004.)

Last Name First Name MI

Relationship to Insured Date of Birth Social Security Number (required by Texas Family Code §157.317(a)(3))

Beneficiary's Home Address

City State Zip

Email address Primary Phone Number

Percentage Note: A percentage must be designated for each beneficiary

I hereby certify that I am presently in good health and have no knowledge of any terminal illness which would require a doctor's certificate of examination in order to qualify for this insurance.

NOTICE: The Board of Directors may require evidence of insurability if it elects to do so.

Please see Form MA-003 for payment options and fee schedule.

I agree to pay an additional amount for assessments and calls within 30 days of due date, and understand that failure to pay all calls on time shall forfeit all claims as a member of the association.

It is further agreed that termination of employment by the Texas Department of Public Safety will automatically cancel my policy and all claims against the Department of Public Safety Mutual Association.

I further agree that if I choose to cancel my membership in the DPS Mutual Association, such funds as already paid into this association will revert to the association, and I will have no claim whatsoever on same.

Signature of Applicant Date

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.