Professional Fire Fighters of Massachusetts
Affiliated with the International Association of Fire Fighters AFL-CIO CLC

Professional Fire Fighters of Massachusetts

Request for Health Insurance Consulting Services
From
Boston Benefit Partners

NAME OF LOCAL: _________________________________

NAME OF PRESIDENT AND/OR DESIGNEE: ________________

TELEPHONE NUMBER: ________________________________

EMAIL ADDRESS: ________________________________

SIGNATURE OF PRESIDENT: ___________________________

DATE: _________________________________________

The PFFM will pay half (1/2) of the cost up to 20 hours of use by the Local, or half (1/2) of the Local’s P.E.C. costs equivalent of 20 hours.

DVP APPROVAL: ________________________________

DATE: _________________________________________

PRESIDENT APPROVAL: ____________________________

DATE: _________________________________________

MAIL
Richard MacKinnon, President
Professional Fire Fighters of Massachusetts
2 Center Plaza, Suite 4M
Boston, MA 02108

The Professional Fire Fighters of Massachusetts reimbursement shall be contingent upon receipt of copy of Boston Benefit Partners invoice.