CITY OF SPRINGFIELD, OREGON

HUMAN RESOURCES DEPARTMENT
BENEFITS

225 FIFTH STREET
SPRINGFIELD, OR 97477
(541) 726-3705
FAX (541) 726-4614
www.springfield-or.gov

CITY OF SPRINGFIELD EMPLOYEE BASIC FIREMED MEMBERSHIP

For Human Resources to Complete

FireMed Vendor:_____ Hire Date:_____

Vendor #:_____ Benefit Start Date:_____

Account #:_____ Annual Membership Fee:_____

Service Address:	Billing Address:
Street: _____	Street: City of Springfield
City:_____	Human Resources – Benefits
Zip Code:_____	225 5th Street
	Springfield, OR 97477
Phone Number:_____	

Employees Name: _____
Last Name First Name Date of Birth

Spouse and Dependents:

	Name – First and Last Name	Date of Birth	Relationship to Employee
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Employee Signature:_____ Date:_____