



**PROTECTING  
FIREFIGHTERS**  
**PROTECTING THEIR  
COMMUNITIES**

**Special Members Second Options Exercise – Information for FRA**

**Personal details**

Name: .....

Date of birth: .....

National Insurance number: .....

Current Address: .....

.....

.....

Telephone Number: .....

Email: .....

**Employment details**

Name of current/former Fire Rescue Authority: .....

Payroll/service number: .....

Start date of RDS service: .....

End date of RDS service: .....

Did you make an election under the first options exercise? (please circle most appropriate)

YES

NO

NOT SURE

**Please return to your current/former Fire and Rescue Authority and provide a copy to FRSA HQ –[www.frsa.org.uk/contact-us/](http://www.frsa.org.uk/contact-us/)**