Prince George's County Volunteer Fire/EMS
Length of Service Award Program
Insurance and LOSAP Beneficiary Form

By completing this form, you are designating the beneficiary for your County Volunteer Accident and Health Policy as well as the Death Benefit provided for in the County Code at Section 11-329. Your beneficiary(s) will only be paid for the aforementioned benefits to which you as a volunteer are entitled on your date of death for a line of duty activity. Any benefits to which you are entitled under County Injured Worker's Fund (Worker's Compensation) policy shall be paid as directed by the policy and Maryland law.

Name: _____ PGFD I.D. #: _____
Last First MI

SSN #: _____ _____ _____ DOB: _____ _____ _____

Previous Name (if name changed recently): _____

Volunteer Fire/EMS Company: _____ Station Number: _____

Home #: _____ - _____ Work #: _____ - _____
(Area code) (Number) (Area Code) (Number)

Home Address _____
(City) (State) (Zip)

Spouse Information:

Name: _____ PGFD I.D. #: _____
Last First MI

SSN #: _____ - _____ - _____ DOB: _____ _____ _____

Beneficiary (s)	Relationship	Share
1. _____	_____	_____ %
2. _____	_____	_____ %
3. _____	_____	_____ %
4. _____	_____	_____ %
	Total Shares	100%

Note: The Length of Service Award Program (LOSAP) allows only one beneficiary under the Law, your surviving spouse. To receive this benefit you must have completed a minimum of 25 years of certified active volunteer service with any Prince George's County volunteer Fire/EMS company or be receiving the award. Upon your death, only your surviving spouse can receive ½ of your benefit.

Member's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____ (Print)