

**MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
LENGTH OF SERVICE AWARD PROGRAM (LOSAP)
APPLICATION FOR AWARD PAYMENT
(PLEASE PRINT)**

Name: _____

Volunteer Surviving Spouse Estate

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Social Security Number: _____ - _____ - _____ **Birth Date:** ____/____/____

Primary Phone: _____ **Alternate Phone:** _____

LFRD/Station: _____ (if applicable)

Email: _____

Type of Payment Requested (Please check each one applicable) :

New Award - Benefit Eligibility Requirements:

- 25 years of certified service (# Active Years _____)*
- 15 years of certified service and age 60 (# Active Years _____)*
- 10 years of certified service and age 65 (# Active Years _____)*
- Permanent disability benefit

Death Benefit

- Survivor Benefit (1/2 of volunteer's monthly benefit) – payable to Spouse or domestic partner only
- Death Benefit (\$5,000)

Name of Volunteer: _____

Date of Death: _____

Please submit copy of death certificate.

Applicant's Signature

Date

*Return form to: MCFRS LOSAP Administrator, 101 Monroe Street, Rockville, MD 20850
If you have any questions, please call 240-777-2428.*

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