**APPENDIX A**

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|  | **MONTGOMERY COUNTY FIRE RESCUE SERVICE****LENGTH OF SERVICE AWARD PROGRAM**APPLICATION FOR PAYMENT(Please Print CEARLY)  |
| Volunteer Name: |  |
| Volunteer Street Address: |  |
| City: |  | State: |  | Zip Code: |  |
| Volunteer Social Security Number: |  | - |  | - |  | Volunteer Birth Date: |  | / |  | / |  |
| Volunteer Primary Phone: |  | Volunteer Alternate Phone: |  |
| LFRD/Station: |  |
| Volunteer Email: |  |
| **TYPE OF PAYMENT REQUEST:** |
| ❑ | **New Award – Benefit Eligibility Requirement:** |
| ❑ | 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 |

**SURVIVOR TO Fill out this section if requesting Death Benefit and/or Survivor Benefit.**

**THIS IS NOT THE BENEFICIARY DESIGNATION FORM.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ❑ | Surviving Spouse | ❑ | Estate | ❑ | Death Beneficiary |
| Beneficiary Name: |  | Gender: | ❑ | Male | ❑ | Female |
| Beneficiary Social Security Number: |  | - |  | - |  | Beneficiary Birth Date: |  | / |  | / |  |
| Beneficiary Address: |  |
| Beneficiary Phone: |  |
| If spouse, Date of Marriage: |  |
| Beneficiary Email: |  |
| **TYPE OF PAYMENT REQUEST (PLEASE CHECK EACH ONE THAT’S APPLICABLE)** |
| ❑ | Estate Death Benefit (Will be paid to the Estate if there is no Spouse or Domestic Partner)***Please submit a copy of the death certificate*** |
| ❑ | Survivor Benefit (1/2 of volunteer’s monthly benefit) – payable to Spouse or Domestic Partner Only. ***Please submit a copy of the death certificate*** |
| ❑ | Death Benefit ($5,000) ***Please submit a copy of the death certificate*** |
| Volunteer Date of Death: |  |

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**Applicant’s Signature Date**

***Return form to MCFRS LOSAP Administrator, 100 Edison Park Drive, Gaithersburg, MD 20878***

***If you have questions, please call 240-777-2428***