

MONTGOMERY COUNTY FIRE RESCUE SERVICE LENGTH OF SERVICE AWARD PROGRAM

APPLICATION FOR PAYMENT



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

Be advised that you have by law one (1) year from date of death to apply.

THIS IS NOT THE BENEFICIARY DESIGNATION FORM.

<input type="checkbox"/> Surviving Spouse	<input type="checkbox"/> Estate	<input type="checkbox"/> Death Beneficiary			
Beneficiary Name:		Gender:		<input type="checkbox"/> Male	<input type="checkbox"/> 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)					
<input type="checkbox"/>	Estate/Burial Benefit \$5,000 . Must submit an original death certificate (no photocopy)				
<input type="checkbox"/>	Survivor Benefit (1/2 of volunteer's LOSAP monthly payment) – payable to Spouse or Domestic Partner Only. Must submit an original death certificate (no photocopy)				
Volunteer Date of Death:					

X

Applicant's Signature

Date

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

DIRECT DEPOSIT AUTHORIZATION (NEW/UPDATE)

INSTRUCTIONS: To establish or change a direct deposit to a CHECKING account, attach a voided personal check drawn on the account that will receive the direct deposit and complete Section 1 below. Complete Section 2 if a voided check is not attached or the direct deposit is to be credited to a "Savings Account." Section 2 of this form must be completed by a representative of the financial institution.

SECTION 1 - TO BE COMPLETED BY LOSAP RECIPIENT

Name: _____

Social Security Number: _____

Home Telephone: _____ Work or Cell Telephone: _____

Email: _____

Transaction Type: _____ Enrollment _____ **Change (See Note 1-Changes)** _____ Cancellation

Account Type: _____ Checking (attach voided check) OR _____ Savings Account (complete Section 2 below)

Financial Institution: _____ Bank Acct # _____

I hereby authorize Montgomery County, Maryland (hereinafter called the "County") to deposit my net salary with the bank named above (hereinafter called the "bank" to credit same to the checking or savings account described on the attached voided check or below. This authorization is to remain in force until the County has received written notification from me of its termination in such time and in such manner as to afford the County and/or the Bank a reasonable opportunity to act upon it.

In the event that the County notifies the Bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorized and direct the Bank to return said funds to the County as soon as possible.

Signature: _____ Date: _____

SECTION 2 – TO BE COMPLETED BY FINANCIAL INSTITUTION

You do not need to complete Section 2 if a voided check is attached to this form.

We, the below-designated financial organization, hereby agree to receive and deposit sums for the payee named herein. We understand that the account number shown for the payee named herein will be included on individual credits to his/her account. We understand that the payee named above has the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee. We agree to honor the employee's authorization (above) to return funds deposited in their account inadvertently, when requested by Montgomery County, Maryland.

Financial Institution: _____

Bank Routing Number: _____ Bank Acct # _____

Account Type: _____ Checking OR _____ Savings

SIGNATURE OF BANK OFFICER

Date

Telephone No.