

CHARLES COUNTY LENGTH OF SERVICE AWARD PROGRAM (LOSAP)  
PAYMENT AUTHORIZATION FORM

NAME OF VOLUNTEER UNIT: \_\_\_\_\_ DATE: \_\_\_\_\_

I am requesting participation in the Charles County LOSAP. I understand the qualifications and requirements to participate in this program.

(Last) (First) (M.I.)

- A. Name of Participant: \_\_\_\_\_  
Participant's Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Participant's Social Security Number: \_\_\_\_\_  
Participant's Residence Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Participant's Residence Phone Number: \_\_\_\_\_
- B. Name of Participant's Spouse: \_\_\_\_\_  
Spouse Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_  
Spouse Residence Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C. Date Benefits are to Begin: \_\_\_\_\_
1. \_\_\_\_\_ Benefits under Article II, Section 54-9 through 54-11:  
B) Minimum age 60 and minimum 25 years certified volunteer service.
  2. \_\_\_\_\_ Benefits under Article II, Section 54-9 through 54-11:  
(C) \_\_\_\_\_ Additional years certified active volunteer service.
  3. \_\_\_\_\_ Benefits under Article II, Section 54-9 through 54-11:  
(D) & (E) Copy of proof of disability attached.
  4. \_\_\_\_\_ Benefits under Article II, Section 54-9 through 54-11:  
(F) Benefit payable to \_\_\_\_\_  
effective \_\_\_\_\_: (Supply survivor  
information in Section B above.)
  5. \_\_\_\_\_ Benefits under Article II, Section 54-9 through 54-11:  
(G) Benefit payable to \_\_\_\_\_  
effective \_\_\_\_\_: (Supply survivor  
information in Section B above.)
  6. \_\_\_\_\_ Benefits under Article II, Section 54-9 through 54-11:  
(H) \$ \_\_\_\_\_ payable to \_\_\_\_\_  
(Supply survivor information in Section B above.) Attach a  
photocopy of Death Certificate.
  7. \_\_\_\_\_ Benefits under Article II, Section 54-9 through 54-11:  
(I) \_\_\_\_\_ years of certified active volunteer service age 70.
  8. \_\_\_\_\_ Benefits under Article II, Section 54-9 through 54-11:  
(J) Unqualified volunteer killed in line of duty.
  9. \_\_\_\_\_ Early Receipt of Benefits (House Bill #386) minimum age 55  
and minimum 25 years certified volunteer service.
  10. \_\_\_\_\_ Benefits under House Bill #386, Early Receipt of Benefits:  
\_\_\_\_\_ Additional years certified active volunteer service.

Participant's Signature \_\_\_\_\_ on \_\_\_\_\_

LOSAP Coordinator's Signature \_\_\_\_\_ on \_\_\_\_\_

BOARD OF DIRECTORS OF \_\_\_\_\_ on \_\_\_\_\_  
(Need four members of the Board to sign)

We have reviewed the service record of the following participant, and we believe the requirements have been met for the benefits as checked:

1. \_\_\_\_\_ Title: \_\_\_\_\_
2. \_\_\_\_\_ Title: \_\_\_\_\_
3. \_\_\_\_\_ Title: \_\_\_\_\_
4. \_\_\_\_\_ Title: \_\_\_\_\_