

**Garrett County Volunteer Fire and Rescue  
LOSAP Retirement Plan**

**Benefit Calculation Request**

Name of Volunteer Company: (Primary) \_\_\_\_\_

Name of Volunteer Company: (Secondary) \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Volunteer Service Began: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

Is the Participant married? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Points History – List Points from 1/1 – 12/31

<b>Year</b>	<b>LOSAP Points</b>	<b>Year</b>	<b>LOSAP Points</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____