

**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

Year	LOSAP Points	Year	LOSAP Points
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____