LOSAP Award Process

When a member has qualified for a LOSAP award, the following processes need to be completed.

The member must:

Be Age 55 and have earned a minimum of 25 years service credit, or

the member must meet the requirements for the benefit at age 70, or

the member must meet the requirements for Total Disability (Award Determination by Worker's Compensation Commission that the member is totally disabled)

Please refer to the LOSAP Manual or the enacting legislation for complete details.

Form 1025a The company completes form 1025a. The years of service will be the years of service of the most recent Company LOSAP report that has been approved by the Fire Commission.

Form 1023 The member and company complete form 1023. This form is used to confirm that the member agrees with the Date of Birth, Date of Entry, Social Security Number and provides a mailing address and contact information.

Form 4579 The member completes form 4579 LOSAP Beneficiary Form. This form is optional but recommended. If the form is not submitted, the most recent form received by the Fire Commission will be used.

Direct Deposit Required: Beginning May 20, 2015, the procedure for Direct Deposit has changed. Now the member must submit the direct deposit form (Standard Form 1199A (EG) (Rev June 1987) or, a copy of a check marked void. The award will not be processed by Pensions until one of the two forms are received.

Notice: Effective 9/26/15, the Direct Deposit Form used by County Vendors can be used to process LOSAP awards. The sample form is attached.

There is no alternate process if the member wants Direct Deposit to a savings account, or other financial institution or investment account such as Money Market, T.Rowe Price, Charles Schwab etc. You will need to use the standard form 1199A described above.

What about members that have met the age requirement, and will earn their 25th year of service credit in the current LOSAP period?

Often, a member Age 55 or over will earn their 25th year of service credit in the current LOSAP period.

Example, a member Age 55 has 24 years service credit as of the prior LOSAP Year. The member will qualify in the current LOSAP period, but the annual report for current period has not been submitted.

In this case, submit the completed 1024 (Member Points Form) along with the award application to confirm that the member will qualify in the current period.

A similar case can arise for awards effective July 1, August 1, or September 1, where the service credit for the award should include the current or the immediately preceding LOSAP Year. A fully completed 1024 confirming that the member qualifies should be submitted with the award.

Forms listed above are attached. Please refer to the LOSAP Manual for complete information. All forms are in the LOSAP Manual except for the Direct Deposit form which will be added at the next revision

20151021 update bl 20150601 update bl 20140714 bl

PRINCE GEORGE'S COUNTY VOLUNTEER FIREMEN'S SERVICE AWARD PROGRAM
ANNUAL REPORT OF CREDITABLE SERVICE
(FOR FISCAL YEAR ENDING LAST JUNE 30, YEAR_____)

Department: *DATE: July*

(1)	(2)	(3)	(4)	(5)	(6)		(7)		(8)		(9)	(10)
Name (Print)	PGFD ID#	Social Security Number	Date of Birth	Initial Date Of Membership	Service Credit Yrs	Mos.	Yrs. In Other Depts Yrs.	Mos	Total Service Credit Yrs.	Mos.	Key Month	Projected Effective Date of Service Award

TO: Fire Commission, Prince George's County, Md.

I/We hereby certify that the credit of service to the volunteer members listed herein based upon the requirements of Prince George's County law, is true and correct to the best of our knowledge, information, and belief.

_____
Secretary, Board of Directors

_____
President, Board of Directors

_____
Prepared by (Print)

Date:
_____
Certified to be correct:

_____
Chairman, Prince George's County Fire Commission

_____
Secretary, Prince George's County Fire Commission

Date:
_____
APPROVED:

_____
Director of Personnel and Labor Relations

Date: _____

Prince George's County Volunteer Fire/EMS
Length of Service Award Program
Volunteer Member Information

Check one:

[ ] New Member Information
[ ] Transfer of Membership (Attach Form 1025a)
From Company _____
To Company _____

[ ] Change of Information
[ ] Submittal for Award (Attach Form 1025a)

Complete the Following	
(Full Name)	(Full Name)
(Address)	(Address)
(City) (State) (Zip)	(City) (State) (Zip)
(Area Code) (Telephone Number)	(Area Code) (Telephone Number)

PGFD ID # _____

Initial Date of Membership: ____ ____ ____
(Date of entry to PGCFEMSD) (Mo) (Day) (Year)

Social Security Number: _____

Date of Birth: ____ ____ ____
(Mo) (Day) (Year)

I verify that the information listed on this report is correct and current and is to be used by the Fire Commission for the administration of the LOSAP program. I understand it is my responsibility to take this completed form and c completed 1025a to the new company so that my LOSAP Service Credit can be properly reported. If I fail to take the form to the new company, I understand that my LOSAP benefits may be adversely affected.

_____
Member Signature

_____
Volunteer Fire/EMS Company Name

_____
Company President Signature

_____
Volunteer Fire/EMS Station Number

_____
Company Secretary Signature

PGC Form #1023 (Rev. 1/11)

Prince George's County Volunteer Fire/EMS
Length of Service Award Program
Insurance and LOSAP Beneficiary Form

By completing this form, you are designating the beneficiary for your County Volunteer Accident and Health Policy as well as the Death Benefit provided for in the County Code at Section 11-329. Your beneficiary(s) will only be paid for the aforementioned benefits to which you as a volunteer are entitled on your date of death for a line of duty activity. Any benefits to which you are entitled under County Injured Worker's Fund (Worker's Compensation) policy shall be paid as directed by the policy and Maryland law.

Name: _____ PGFD ID # _____
Last First MI

SSN #: _____ _____ _____ DOB: _____ _____ _____

Previous Name (if name changed recently): _____

Volunteer Fire/EMS Company: _____ Station Number: _____

Home# _____ _____ Work#: _____ _____
(Area Code) (Number) (Area Code) (Number)

Home Address _____ _____
Street City State Zip

Spouse Information:

Name: _____ PGFD ID # _____
Last First MI

SSN #: _____ DOB: _____

Beneficiary (s)	Relationship	Share
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
	Total Share	100%

Note: The Length of Service Award Program (LOSAP) allows only one beneficiary under the Law, your surviving spouse. To receive this benefit you must have completed a minimum of 25 years of certified active volunteer service with any Prince George's County volunteer Fire/EMS company or be receiving the award. Upon your death, only your surviving spouse can receive /2 of your benefit.

Member's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____(Print)

P.G.C. Form #4579 (Rev. 1/11)

THE PRINCE GEORGE'S COUNTY GOVERNMENT
PENSIONS AND INVESTMENTS DIVISION
1400 McCORMICK DRIVE, ROOM 110
LARGO, MD 20774

ENCLOSED IS YOUR FORM THAT NEEDS TO BE COMPLETED.

WE DO NOT ISSUE CHECKS. YOU MUST EITHER COMPLETE A DIRECT DEPOSIT FORM (ENCLOSED) OR SEND A CHECK WITH VOID WRITTEN ACROSS IT TO RECEIVE YOUR PAYMENT.

FOR ANY QUESTIONS, PLEASE CONTACT PAT HOLLAND ON 301-883-6385.

Received 5/20/15

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER
Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ☐ Other *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE	AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
SIGNATURE	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

Government Agency Name:
Prince George's County Government

Government Agency Address:
Pensions & Investments Division
1400 McCormick Drive, Room #110
Largo, MD 20774

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

FINANCIAL INSTITUTION COPY

1199-207

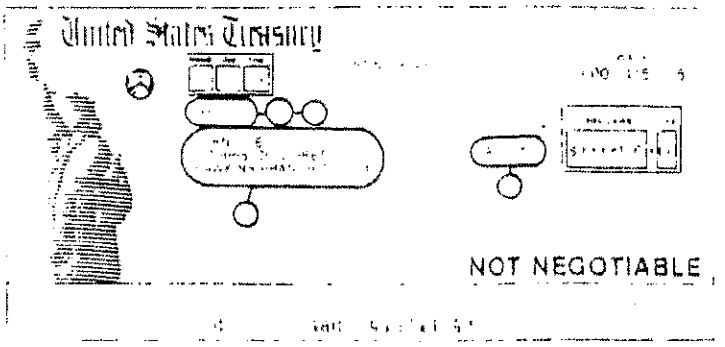
Designed using Perform Pro, WHS/DIOR, Mar 97

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:



(A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.

(C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.

(F) Type of payment is printed to the left of the amount.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCEL

The agreement presented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement presented by this authorization may be cancelled by the financial institution by providing a notice 30 days in advance of the cancellation date. The recipient must notify the Federal agency if the authorization is cancelled by the financial institution. The recipient cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete (e.g., after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than $10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

PRINCE GEORGE'S COUNTY MARYLAND

OFFICE OF FINANCE – ACCOUNTING DIVISION
14741 GOV. ODEN BOWIE DRIVE, SUITE 3151
UPPER MARLBORO, MD 20772
Voice: 301.952.5481 Fax: 301.952.3529 Email: pgcap@co.pg.md.us

AUTHORIZATION FOR ELECTRONIC FUNDS DISBURSEMENT

PRIVACY ACT STATEMENT

The following information is being provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used to start/stop payment data by electronic means to the referenced financial institution. Failure to provide correct or complete information may delay or prevent the receipt of payments through the Automated Clearing House Payment System. (April 2004)

VENDOR/PAYEE INFORMATION

Action: Start____ Stop____ Federal TIN/SSN_____

Legal Name_____ Business Name (if different) _____

Address _____ City _____ State ___ Zip _____

Remittance Address (if different)_____

Contact_____ Title_____

Voice_____ Email_____ Fax_____

FINANCIAL INSTITUTION

Name of Bank_____ Account Title_____

Address _____ City _____ State ___ Zip _____

Contact _____ Telephone _____

Account Number _____ Checking _____ Savings _____

Nine-digit Routing No: ____ ____ ____ ____ ____ ____ ____ ____ ____

CONDITIONS AND AUTHORIZATION

I acknowledge that this form has been completed to the best of my knowledge. I understand that in the event of an erroneous payment, the County reserves the right to reverse a transfer and further understand that failure to provide accurate information could result in a forfeit of this payment method. I certify that I am a multiple payment vendor of at least five payments and will provide the County with my vendor number on all correspondence. I must communicate any changes in the financial institution(s) or account(s) to the County within five business days of the new information becoming effective. I understand that this payment method is governed by County policy that may periodically change without prior notice. I hereby authorize Prince George's County to electronically transfer payments due to the referenced business enterprise for goods or services rendered to the County.

Officer Name _____ Title _____

Signature _____ Date_____

OFFICIAL USE ONLY

Pay Entity _____ **Vendor No.** _____ **Processor** _____ **Date** _____