



Scriba Volunteer Fire Corporation Service Award Program

Please complete the following information to ensure you are properly enrolled in the LOSAP Program

Member Name:

Date of Birth:

Address:

City:

Zip Code:

PRIMARY BENEFICARY INFORMATION

Name:

Date of Birth:

SS#:

Address:

City:

State:

Zip Code:

Relationship:

CONTINGENT BENEFICARY INFORMATION

Name:

Date of Birth:

SS#:

Address:

City:

State:

Zip Code:

Relationship:

Member Signature:

Date:

Witness Signature:

Date:

Witness Name:

Department Use Only Below:

***Date Received by
LOSAP Administrator:***

LOSAP Administrator:

Date LOSAP updated:

By Who: