

**ANNE ARUNDEL COUNTY
LOSAP BENEFICIARY FORM**

Please complete this form to ensure your contact and spousal beneficiary information is correct. If you have any questions or need to make future changes please promptly contact Tennille Hargis in the Office of Finance at (410) 222-1414. (410) 222-2371 (Desk #)

Print Name _____ Soc Sec # _____

Date of Birth _____

Address _____

City _____ State _____ Zipcode _____

Phone# _____

Please indicate if you are the Original Recipient _____ (or) Surviving Spouse* _____

*If you are the Surviving Spouse, please indicate the following:

Original Recipient Name _____ Soc Sec # _____

Change of Address: Yes ____ No ____ (if yes, provide updated information below)

Old Address _____

New Address _____

Surviving Spouse: In the case of partial benefits being paid out to the spouse, has the surviving spouse re-married?
Yes ____ No ____

Please provide beneficiary information below:

Beneficiary Name _____ Social Security # _____

Date of Birth _____

(Beneficiary benefits are only available to the surviving spouse of the original recipient)

Additional contact information (optional):

Name _____ Relationship _____

Address _____

Phone # _____

Signature _____ Date _____

Please mail to: Tennille Hargis
Arundel Center
PO Box 2700 MS 1309
Annapolis MD 21404