

LOSAP CHANGE OF INFORMATION FORM

Participant Name: _____

One or more of the following changes are hereby requested for the above plan participant. (Changes to beneficiaries and percentage allocation must be reported on a Participant Information enrollment form and marked Change of Beneficiary)

The participant's name has changed from _____ to _____ due to _____ effective ___/___/___

Participant ceased membership in the _____ emergency service organization effective ___/___/___ and is now a member of the _____ emergency service organization as of the following date ___/___/___

Participant is still a member of the _____ emergency service organization but is changing their primary affiliation to the _____ emergency service organization as of the following date ___/___/___

The participant's mailing address has changed and is now:

House Number and Street Name: _____

Post Office Box Number: _____

City, State and Zip Code: _____

I certify by my signature below that the above changes are approved.

Participant Signature: _____ Date: _____

Reporting Organization Name: _____

LOSAP Representative Signature: _____

Changes made by County LOSAP Plan Administrator on ___/___/___