

## PRINCE GEORGE'S COUNTY GOVERMENT OFFICE OF HUMAN RESOURCES MANAGEMENT BENEFITS ADMINISTRATION DIVISION 1400 MCCORMICK DRIVE, SUITE 110, LARGO, MARYLAND 20774 MAIN (301) 883-6380 FAX (301) 883-6192 TTD (301) 883-6329

## **LIFE INSURANCE VERIFICATION FORM**

, hereby request for the Benefits		
Administration Division (Division) to release to	me in writing at the address indicated b	elow, the
Life Insurance amounts on file for me with the l		
The County will outline the life insurance amou	ints that apply to me under the Basic,	•
Supplemental, Extra Life and Accidental Death	& Dismemberment plans. I also underst	tand the
County will include the most recent beneficiary	(ies) on file in the written response sent 1	to me.
ACTIVE RETIREE	EREHIRED RETIREE	
Mailing Address		_
City	State Zip Co	 ode
Print Name	Signature	

Date

Note: Upon receipt of this completed form, the Division will mail you a verification letter and copy of this request form for your files.

<u>For Office Use Only</u> REQUEST COMPLETED BY:

BENEFITS ADMINISTRATION DIVISION STAFF

DATE

Cc: Benefits File