



Angela D. Alsobrooks
County Executive

PRINCE GEORGE'S COUNTY GOVERNMENT
OFFICE OF HUMAN RESOURCES MANAGEMENT
BENEFITS ADMINISTRATION DIVISION

1400 McCormick Drive, Suite 245, Largo, Maryland 20774
MAIN (301) 883-6380 FAX (301) 883-6192

LIFE INSURANCE VERIFICATION FORM

I, _____, hereby request for the Benefits Administration Division (Division) to release to me in writing at the address indicated below, the Life Insurance amounts on file for me with Prince George's County Government (County). The County will outline the life insurance amounts that apply to me under the Basic, Supplemental, Extra Life and Accidental Death & Dismemberment plans. I also understand the County will include the most recent beneficiary(ies) on file in the written response sent to me.

_____ ACTIVE _____ RETIREE _____ REHIRED RETIREE

Mailing Address

City State/Zip Telephone#

Print Name Signature

Email Address Date

Note: Upon receipt of this completed Form, the Benefits Administration Division (Division) will mail and/or email you a verification letter. It is important to note the Division's response time is approximately thirty (30) days to provide you with this information.

For Office Use Only
REQUEST COMPLETED BY:

BENEFITS ADMINISTRATION DIVISION STAFF

DATE

cc: Benefits File