

LENGTH OF SERVICE AWARDS PROGRAM (LOSAP)
FEDERAL/MD STATE WITHHOLDING AUTHORIZATION

FEDERAL WITHHOLDINGS

- I elect NOT to have Federal Withholdings
- Authorizing \$_____ per month for Federal Withholdings from my LOSAP benefit

MARYLAND STATE WITHHOLDINGS

- I elect NOT to have MD State Withholdings
- Authorizing \$_____per month for Maryland State Withholdings from my LOSAP benefit

Signature

Social Security Number

Date