

**COOPER SAMS INDIVIDUAL AWARD CLAIM APPLICATION**

**APPLICANT INFORMATION**

Applicant Name (Last, First, Middle): \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ List all former last name(s): \_\_\_\_\_

**SWIFT VENDOR ACCOUNT INFORMATION**

SWIFT Vendor Number (must apply online): \_\_\_\_\_  
 "Remit To" address in SWIFT: \_\_\_\_\_

**ATTESTATION**

The affidavit below must be signed by the ambulance service chief administrative officer.  
 I certify that I have terminated active ambulance service, am at least 50 years of age, and have at least five years of credited ambulance service in the Cooper Sams Volunteer Ambulance Award Program. The information I have provided on this form is true and correct to the best of my ability.

\_\_\_\_\_  
 Applicant Signature Date Chief Administrative Officer Signature Date

<u>Applicant Checklist</u>	<b>OEMS Use Only</b>
<input type="checkbox"/> Obtained SWIFT Vendor Number	
<input type="checkbox"/> Completed Application and Signatures	
<input type="checkbox"/> Ensure addresses on this form and in SWIFT are the same addresses	
<input type="checkbox"/> Date received by OEMS staff (on or before October 1 <sup>st</sup> )	
<input type="checkbox"/> Email confirmation sent to applicant (within two weeks of submission to OEMS)	

*Please be advised that collecting Cooper Sams Volunteer Ambulance Award may have Federal, State, or other tax implications. The OEMS asks you to please consult your tax professional before proceeding to request a payout. The OEMS will not counsel you on tax related matters.*

**SEND COMPLETED FORM, INCLUDING REQUIRED SIGNATURES TO:**  
[finance.oems@state.mn.us](mailto:finance.oems@state.mn.us)  
**OEMS, Cooper Sams Verification, 335 Randolph Avenue, St. Paul, MN 55102**