

# MIAMIBEACH

## Beneficiary Designation Form Instructions

Basic Life Insurance  
Supplemental Life Insurance

Please read the instructions below prior to completing the Beneficiary Designation Form. If you have any questions regarding this Form, please call the Human Resources Department at 305.673.7524.

### You Must Complete this Form

1. When required by the City due to changes in the plan or the plan carrier; or
2. Any time you want to make a change to your beneficiary designation.

### Who May You Name as Your Beneficiary

You may name any one or any number of people or entities as primary and/or secondary beneficiaries. Your named beneficiary may include your spouse, domestic partner, children, parents, siblings, other family members or friends, your estate, a trust, etc.

#### **Beneficiary Guidelines:**

- A primary beneficiary is a person or entity named by you to receive the payment of your Basic Life Insurance and/or Supplemental Life Insurance benefits in the event of your death.
- A secondary beneficiary is an alternate beneficiary named by you to receive the payment of your Basic Life Insurance and/or Supplemental Life Insurance benefits in the event that all named primary beneficiaries die before you. If no primary beneficiary survives you, and no secondary beneficiary is named, payment will be made in accordance with the plan.

### How to Complete This Form

1. **About You** – Complete all the information.
2. **Beneficiary Information** –
  - a. All beneficiary designations must be **typed or legibly written in ink.**
  - b. **The beneficiary section should not contain any corrections or crossed-out words.**
  - c. The beneficiary's name must always be shown in full and the relationship to you must be stated.
  - d. If the beneficiary designated is not related to you, the relationship to you should be listed as "non-relative."
  - e. The beneficiary designation should be specific. It should not include wording such as "either/or" or "and/or".
  - f. Naming a primary or secondary beneficiary: Be sure to include the beneficiary's full name, relationship to you, Social Security Number, address, date of birth and sex.
  - g. If more than one beneficiary is named, you must indicate the percentage, in whole amounts, of the benefit payable to each beneficiary. Fractional percentages such as 33 $\frac{1}{3}$ % are not acceptable. These percentages must total 100%. Unless you designate a percentage, proceeds are paid to beneficiaries in equal shares.
  - h. Naming a Trust – You must include:
    - The Trust's name and address;
    - The date of the Trust; and
    - The Trustee's name.
  - i. Naming an estate: You may name your estate as your beneficiary by completing the form with the words "My Estate". If so, the executor of your will or the Personal Representative of your estate will be required to provide letters of appointment issued by the court when a claim is filed. Please consult your attorney if you are considering naming your estate as beneficiary.
3. **Your Signature** – without your signature, the Beneficiary Designation Form cannot be processed.

### Notification of Social Security Number Collection and Usage

Social Security numbers are collected to report distributions; to determine eligibility; or for any other reason that is determined imperative for the performance of the City's duties and responsibilities, as prescribed by law. The collection of Social Security numbers is authorized by § 119.071(5)(a)2(II), Florida Statutes and will be kept confidential and exempt from disclosure as provided by law.

# MIAMI BEACH

## Beneficiary Designation Form

Basic Life Insurance  
Supplemental Life Insurance

### 1. Employee Information

Last Name	First Name	Middle Initial	Date of Birth
	( )		
Social Security Number	City ID Number	Home Telephone Number	Daytime Telephone Number

### 2. Beneficiary Information

Primary Beneficiary(ies)			Share Percent (Whole Percentages Must Equal 100%)
<b>Name</b> (Last, First, Middle Initial)	<b>Relationship to You</b>	<b>Social Security/Tax ID Number</b>	%
<b>Address</b> (Street, City, State, Zip)	<b>Date of Birth</b>	<b>Sex</b>	
<b>Name</b> (Last, First, Middle Initial)	<b>Relationship to You</b>	<b>Social Security/Tax ID Number</b>	%
<b>Address</b> (Street, City, State, Zip)	<b>Date of Birth</b>	<b>Sex</b>	
<b>Name</b> (Last, First, Middle Initial)	<b>Relationship to You</b>	<b>Social Security/Tax ID Number</b>	%
<b>Address</b> (Street, City, State, Zip)	<b>Date of Birth</b>	<b>Sex</b>	
<b>Name</b> (Last, First, Middle Initial)	<b>Relationship to You</b>	<b>Social Security/Tax ID Number</b>	%
<b>Address</b> (Street, City, State, Zip)	<b>Date of Birth</b>	<b>Sex</b>	
			<b>Total 100%</b>

**Continued on the next page →**

## Secondary Beneficiary(ies)

**Share Percent**  
(Whole Percentages  
Must Equal 100%)

<b>Name</b> (Last, First, Middle Initial)	<b>Relationship to You</b>	<b>Social Security/Tax ID Number</b>		<b>%</b>
<b>Address</b> (Street, City, State, Zip)		<b>Date of Birth</b>	<b>Sex</b>	
<b>Name</b> (Last, First, Middle Initial)	<b>Relationship to You</b>	<b>Social Security/Tax ID Number</b>		<b>%</b>
<b>Address</b> (Street, City, State, Zip)		<b>Date of Birth</b>	<b>Sex</b>	
<b>Name</b> (Last, First, Middle Initial)	<b>Relationship to You</b>	<b>Social Security/Tax ID Number</b>		<b>%</b>
<b>Address</b> (Street, City, State, Zip)		<b>Date of Birth</b>	<b>Sex</b>	
<b>Name</b> (Last, First, Middle Initial)	<b>Relationship to You</b>	<b>Social Security/Tax ID Number</b>		<b>%</b>
<b>Address</b> (Street, City, State, Zip)		<b>Date of Birth</b>	<b>Sex</b>	
<b>Name</b> (Last, First, Middle Initial)	<b>Relationship to You</b>	<b>Social Security/Tax ID Number</b>		<b>%</b>
<b>Address</b> (Street, City, State, Zip)		<b>Date of Birth</b>	<b>Sex</b>	
<b>Total 100%</b>				

### 3. Your Signature

I designate the above-named person(s)/entity(ies) as my primary and/or secondary beneficiary(ies) to my Basic Life and/or Supplemental Life Insurance plans. I understand if any of my primary beneficiaries are no longer living when the benefit is paid, the amount will be divided equally among any remaining primary beneficiaries. I also understand that no amount will be paid to a secondary beneficiary as long as any of my primary beneficiaries are living. I reserve the right to revoke this designation at any time by submitting a new Beneficiary Designation Form. Information provided here shall replace all previous beneficiary designations I have made relating to my Basic Life and/or Supplemental Life Insurance plans.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
H.R. Receipt/Acknowledgement

\_\_\_\_\_  
Date