

POLICE OFFICERS & FIREFIGHTERS STATUTORY DEATH BENEFITS BENEFICIARY DESIGNATION FORM

Employee Name (please print) _____ City ID # _____
(Last, First, Middle Initial)

In the event of my death, I designate the following, if surviving, as my beneficiary(ies) under the terms and provisions of State and Federal Statutes regarding statutory death benefits for law enforcement officers and firefighters in effect at the time of my death. I hereby revoke any previous designations of primary and contingent beneficiary(ies) under the terms and provisions of State and Federal Statutes regarding statutory death benefits for law enforcement officers and firefighters, if any.

I designate as my primary beneficiary(ies) the following:

PRIMARY BENEFICIARY(IES) DESIGNATION

Name (Last, First, Middle Initial)			Relationship to Employee		Social Security/Tax ID Number		Share Percent Whole Percentages Only Must Equal 100%
Address (Street, City, State, Zip)					Date of Birth	Sex	
Name (Last, First, Middle Initial)			Relationship to Employee		Social Security/Tax ID Number		%
Address (Street, City, State, Zip)					Date of Birth	Sex	
Name (Last, First, Middle Initial)			Relationship to Employee		Social Security/Tax ID Number		%
Address (Street, City, State, Zip)					Date of Birth	Sex	
Name (Last, First, Middle Initial)			Relationship to Employee		Social Security/Tax ID Number		%
Address (Street, City, State, Zip)					Date of Birth	Sex	
Total 100%							

Continued on the next page →

_____ -CO- _____ / _____ / _____

In the event all of the primary beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies) the following:

CONTINGENT BENEFICIARY(IES) DESIGNATION

			Share Percent Whole Percentages Only Must Equal 100%
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number	%
Address (Street, City, State, Zip)	Date of Birth	Sex	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number	%
Address (Street, City, State, Zip)	Date of Birth	Sex	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number	%
Address (Street, City, State, Zip)	Date of Birth	Sex	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number	%
Address (Street, City, State, Zip)	Date of Birth	Sex	
Total			100%

Unless you designate a percentage, proceeds are paid to beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before you will be divided proportionally among the surviving beneficiaries in the respective category (primary and contingent). If necessary, use extra sheets to list additional beneficiaries.

If you have any questions regarding this Form, please call the Human Resources Department at 305.673.7524.

Employee Signature _____ Date _____

H.R. Receipt/Acknowledgement _____ Date _____

Notification of Social Security Number Collection and Usage

Social Security numbers are collected to report distributions 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.