



A NEW DAY.

FORMER ELECTED OFFICIAL BENEFICIARY DESIGNATION

FEO Name: _____

Last 4 digits of SS#: _____

- Check your elections:
- Basic Life 2X Annual Salary (Reduced to 65% at age 70) Maximum benefits of \$100,000
 - Supplemental Life 1X Annual Salary (Reduced to 65% at age 70)
 - Supplemental Life 2X Annual Salary (Reduced to 65% at age 70)

Note: Enrollment in Supplemental Life is required at the time of termination. Premiums based on active employee rates and with a maximum benefit of \$100,000.

When designating a trust as a beneficiary , it is necessary to attach a copy of the Trust Document to this form.

PRIMARY BENEFICIARY(IES)				
Name	Relationship	Phone Number	Address	Percentage (must =100%)

CONTINGENT BENEFICIARY(ies): Will only be entitled to receive the death benefit if there are no surviving primary beneficiaries.				
Name	Relationship	Phone Number	Address	Percentage (must =100%)

Please DO NOT sign until you are in the presence of Employee Benefits Personnel

Notarization is required if this form is mailed to the Employee Benefits Office

Former Elected Official Signature with a copy of picture ID

Date Signed

Employee Benefits Personnel Signature

Date Received

Notary Signature and Date Stamp