Safety Officers (FOP & IAFF) Life Insurance Beneficiary Designation

Law Enforcement Officers, Aviation Authority, Correction Officers, Bailiffs, Reservists, Volunteers or Auxiliary Officers, Firefighters, Paramedics, and EMT's

FULL NAME: _____ **EMPLOYEE NUMBER:** _____

PERSONAL EMAIL: _____ **LAST 4 of SS#:** _____

PRIMARY BENEFICIARY(IES)

NAME	RELATIONSHIP	PHONE NUMBER	ADDRESS (Street/Apt#.City,State, Zip)	Percentage (must=100%)
			Street:	
			City, State,Zip:	
			Street:	
			City, State,Zip:	
			Street:	
			City, State,Zip:	
			Street:	
			City, State,Zip:	

CONTINGENT BENEFICIARY(RIES) Will only be entitled to receive the death benefit if there are no surviving primary beneficiaries.

NAME	RELATIONSHIP	PHONE NUMBER	ADDRESS (Street/Apt#.City,State, Zip)	Percentage (must=100%)
			Street:	
			City, State,Zip:	
			Street:	
			City, State,Zip:	
			Street:	
			City, State,Zip:	

Please complete BOTH sides of the Beneficiary Form. Beneficiaries may be different for primary & statutory death benefits.

Benefits Division: City Hall at St. James, Suite 150, Jacksonville, FL 32202
Phone #: (904) 255-5575
Fax #: (904) 255-5565

Safety Officers (FOP & IAFF) Life Insurance Beneficiary Designation

Statutory Death Policy State and Federal

Law Enforcement Officers, Aviation Authority, Correction Officers, Bailiffs, Reservists, Volunteers or Auxiliary Officers, Firefighters, Paramedics, and EMT's

FULL NAME: _____ **EMPLOYEE NUMBER:** _____

PERSONAL EMAIL: _____ **LAST 4 of SS#:** _____

PRIMARY BENEFICIARY(IES)				
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			City, State,Zip:	
			Street:	
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			Street:	
			City, State,Zip:	
			Street:	
			City, State,Zip:	
			Street:	
			City, State,Zip:	

Please complete BOTH sides of the Beneficiary Form. Beneficiaries may be different for primary & statutory death benefits.

Employee Signature with a copy of picture ID **Date Signed**

Benefits Division: City Hall at St. James, Suite 150, Jacksonville, FL 32202
Phone #: (904) 255-5575
Fax #: (904) 255-5565

Notary Stamp, Signature and Date

Notarization is required if this is mailed to Benefits Division Office