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 - (Home / Apt #, City, State, Zip)	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 - (Home / Apt #, City, State, Zip)	Percentage (must =100%)

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

_____ _____
Former Elected Official Signature with a copy of picture ID — Date Signed

_____ _____
Employee Benefits Personnel Signature — Date Received

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

Notary Signature and Date Stamp

Employee Benefits Office : City Hall at St. James , 117 West Duval St. Suite 150 Jacksonville, FL 32202

Phone #: (904) 255- 5555