A NEW DAY.

LAW ENFORCEMENT OFFICERS, PUBLIC SAFETY OFFICERS, BAILIFFS, AUXILIARY OFFICERS and FIREFIGHTERS BENEFICIARY DESIGNATION

Employee Name: _____ Employee ID : _____

Last 4 digits of SS# : _____

Group Basic Life and Supplemental Life Insurance (Excluding Auxiliary Officers)
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%)

Statutory Death Policy (State and Federal)
Law Enforcement Officers, Firefighters, Correction Officers, Public Safety Officers, Bailiffs, and Auxiliary Officers

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

Signature of Employee 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