



OFFICE OF HUMAN RESOURCES (OHR)

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DESIGNATION OF BENEFICIARY-NON-INSTRUCTIONAL STAFF

Name (Print)

Social Security No.

Title

Agency

ACCIDENTAL DEATH BENEFIT

I. In accordance with the provisions of Personnel Orders No. 26/71, 28/71, and 74/46, the accidental death benefit of \$25,000 provided for therein is to be paid to the beneficiaries designated below in the following order:

NAME & ADDRESS OF BENEFICIARY (IES) RELATIONSHIP % OF BENEFIT

1) _____

2) _____

3) If none of the above-designated beneficiaries shall survive me, payment shall be made to my estate.

UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT

II. In accordance with provisions of Mayor's Executive Order. 34, dated March 26, No 1971, the lump-sum cash payment for accrued and annual leave and accrued compensatory time provided for therein is to be paid to following beneficiary (ies) or to my estate as indicated below in the following manner (fill in below if you desire to name a beneficiary other than your estate.

NAME & ADDRESS OF BENEFICIARY (IES) RELATIONSHIP % OF BENEFIT

1) _____

2) _____

3) It is my understanding that by not designating a beneficiary this benefit will be paid to my estate.

All previous designated beneficiaries for cash payment of accrued annual leave or accrued compensatory time are hereby cancelled and it is directed that payment be made upon my death as specified above.

Signature of employee (Do not print)

Address of employee

Signed at (City, State & Zip Code)

Date Signed

Signature of Witness (Do not print)

Address of Witness

Signed at (City, State & Zip Code)

Date Signed

NOTE: It is your responsibility to submit a new designation of beneficiary for cash payment of accrued annual leave or accrued compensatory time whenever changing personal circumstances make a change in beneficiary necessary.