



## The Town of Ocean City Designation of Beneficiary Form

The Town of Ocean City will provide a benefit in the event of an employee death in accordance with the Payout in the Event of an Employee Death Policy and Procedure. An employee may use this form to designate a beneficiary to receive payment for all benefits (may include, unpaid payroll, accrued vacation, accrued personal leave, accrued holiday leave and accrued compensatory leave) paid by the Town as a function of this policy. If a beneficiary is not designated, payment will be made to the surviving spouse or, if no surviving spouse, to the surviving child(ren). This beneficiary designation is revocable at any time by completing and submitting a properly executed form to the Human Resource Department that will automatically cancel any previous designation.

In accordance with this procedure, I hereby designate the following beneficiary(ies) to receive any applicable benefit payment from the Town of Ocean City upon my death. (If selecting multiple beneficiaries, each must be named and listed individually on the reverse side of this form.)

EMPLOYEE NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### BENEFICIARY

NAME OF BENEFICIARY: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Beneficiary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Beneficiary Relationship to you: \_\_\_\_\_

Check if co-beneficiaries are listed on reverse side

Signed by employee this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Witness: \_\_\_\_\_

(\*Must be signed in the presence of and witnessed by a Human Resources Representative or Notary.)

### CO-BENEFICIARIES

(Must name and list separately)

**NAME OF BENEFICIARY:** \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

\_\_\_\_\_

Beneficiary SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Beneficiary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary Relationship to you: \_\_\_\_\_

**NAME OF BENEFICIARY:** \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

\_\_\_\_\_

Beneficiary SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Beneficiary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary Relationship to you: \_\_\_\_\_

**NAME OF BENEFICIARY:** \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

\_\_\_\_\_

Beneficiary SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Beneficiary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary Relationship to you: \_\_\_\_\_

**NAME OF BENEFICIARY:** \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

\_\_\_\_\_

Beneficiary SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Beneficiary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary Relationship to you: \_\_\_\_\_