



**City of Madison
OCCUPATIONAL DEATH AND
PERMANENT OR TOTAL DISABILITY BENEFIT*
BENEFICIARY DESIGNATION/CHANGE FORM
(Protective Category Police and Fire)**

Submit completed form to:
City of Madison Human Resources Department
215 Martin Luther King Jr Blvd Suite 261, Madison, WI 53703

Check all applicable boxes:

- Initial Beneficiary Designation Beneficiary Designation Change Name Change

* Coverage is automatically conferred to employees in eligible employment classifications as outlined in the Amendatory Rider(s) to Group Life Policy Number 033731. Separate enrollment in Group Term Life Insurance coverage is voluntary and is not required in order to be eligible for the Occupational Death and Permanent or Total Disability Benefit.

SECTION 1: <i>Employee Information</i> (COMPLETION OF THIS SECTION IS REQUIRED)		
PRINT NAME <i>(Last, First, Middle Initial)</i>		DATE OF BIRTH <i>(mm/dd/yyyy)</i>
List any Former Name(s) <i>(Last, First, Middle Initial)</i> (Separate multiple former names with a semicolon (;))		
DEPARTMENT NAME	DATE OF PERMANENT HIRE	MUNIS ID #
SECTION 2: <i>Beneficiary Designation</i>		
BENEFICIARY DESIGNATION: <i>PRINT (See reverse side for suggested wording)</i>		
Primary: _____		

Secondary: _____		

SECTION 3: <i>Acknowledgment of Beneficiary Designation or Name Change Only</i>		
<input type="checkbox"/> Under and subject to the terms of the Group Policy, I hereby revoke any former Designation of Beneficiary by me made, and I now designate my Beneficiary or Beneficiaries as indicated above.		
<input type="checkbox"/> I am submitting this form only for the purpose of recording a change in my name. The Beneficiary Designation currently on record is to remain in force.		
Signature _____		
Date Signed _____		

For additional information on this plan, visit:

Fire: <http://www.cityofmadison.com/sites/default/files/city-of-madison/human-resources/documents/DutyDisFire.pdf>

Police: <http://www.cityofmadison.com/sites/default/files/city-of-madison/human-resources/documents/DutyDisPolice.pdf>

INSTRUCTIONS

1. Complete all sections of the form that are relevant to the enrollment/change that you are making.
2. The Signature of the Insured must be in non-erasable ink.
3. If the proposed beneficiary is a married woman, fill in her own given first and middle names, not those of her husband.
4. If you have named more than one beneficiary and have not designated the share for each, the benefits will be paid equally or to the survivor.
5. If your beneficiary is a minor, benefits will not be released directly to the minor child but instead to the court-appointed guardian of the estate (or property) of the minor child. Guardianship of a minor child's "person" is not the same as guardianship of a minor child's property.

EXAMPLE WORDING OF TYPICAL BENEFICIARY DESIGNATIONS

1. **One beneficiary only:** Mary E. Doe, Wife. (A married woman should not be designated as Mrs. John Doe)
2. **Two beneficiaries (equal amounts):** John H. Doe, Father, and Mary E. Doe, Mother, equally or the survivor
3. **Three or more beneficiaries (equal amounts):** John H. Doe, Father, Mary E. Doe, Mother, and Stella Doe, Sister, equally or the survivor(s).
4. **Unequal amounts:** 75% to John H. Doe, Husband, 25% to Elizabeth M. Jones, Mother.
5. **Primary and Contingent beneficiaries:** John H. Doe, Husband, if living; otherwise to Jeff W. Doe, Son, and Jane M. Smith, Daughter, equally or the survivor.
6. **Partnership beneficiary:** Smith, Jones, and Brown, a partnership consisting of John A. Smith, Elizabeth M. Jones, and Henry D. Brown.
7. **Common Disaster Clause:** John H. Doe, Husband, if living on the 15th day after the death of the insured; otherwise to Jeff W. Doe, Son, and Jane M. Smith, Daughter, equally or the survivor.
8. **Estate of the Insured** (certified estate papers issued by the Court are required)
9. **Trust** (a Charitable, Living, or Testamentary trust may be named. Employees are strongly encouraged to seek professional advice to correctly provide this option.)