



Designation of Beneficiary Form (For All Employees)

As an employee of the City of New York, your family members or other persons of your choice may receive a cash benefit representing all or some of your unused annual leave, compensatory time or accrued sick leave in the event of your death. They may also receive a death benefit if your death results from an injury occurring in the course of your employment through no fault of your own. This form provides you an opportunity to designate as beneficiaries the persons who you wish to receive those payments.

If you do not designate a beneficiary on this form, any such payment will be paid to your "estate." That means that the money will be distributed in accordance with the instructions in your Will, if you have one, or pursuant to an order of a Court under the laws of the State in which you reside, if you do not have a Will.

For all Non-Managerial employees: Mayor's Executive Order No. 34 dated March 26, 1971, and Labor Relations Order No. 74/46 and its successors, describes the lump sum cash payment for accrued annual leave and accrued compensatory time and any Accidental Death Benefit of \$25,000 that are to be paid upon death.

For all Managerial employees: Personnel Order No. 88/5, as amended, describes the lump sum cash payment for accrued annual leave, accrued sick leave and accrued compensatory time and any Accidental Death Benefit of \$25,000 that are to be paid upon death. I wish to name the following persons as beneficiaries to receive any payments for accrued leave, compensatory time and any Accidental Death Benefit of \$25,000 that are to be paid upon death.

Employee Information:

Name (Print):	Employee Reference Number:
Title:	Agency:

Beneficiary Information:

I wish to name the following persons as beneficiaries to receive any payments for accrued leave, compensatory time, or accidental death to be paid upon my death:

Beneficiary 1:

Name:	Date of Birth:	Email:	Relationship:	% of Benefit:
Address:	City:	State:	Zip Code:	Telephone:

I do not wish to name any beneficiaries. I understand that if I do not designate a named beneficiary, all benefits will be paid to my estate and distributed under my Will or by a court, if I do not have a will.

To designate additional beneficiaries, see reverse side of form.

Beneficiary 2:

Name:	Date of Birth:	Email:	Relationship:	% of Benefit:
Address:	City:	State:	Zip Code:	Telephone:

Note: The total % of benefit must equal 100%.

All previous designated beneficiaries are hereby cancelled and it is directed that payments be made upon my death as specified above.

Signature of Employee (DO NOT PRINT)

Address of Employee

Signed at (City, State)

Date Signed

Signature of Witness (DO NOT PRINT)

Address of Witness

Signed at (City, State)

Date Signed

Note: It is your responsibility to submit a new designation of beneficiary whenever changes in personal circumstances make a beneficiary designation update necessary.

List additional beneficiaries below, if needed.

Name:	Date of Birth:	Email:	Relationship:	% of Benefit:
Address:	City:	State:	Zip Code:	Telephone:

Name:	Date of Birth:	Email:	Relationship:	% of Benefit:
Address:	City:	State:	Zip Code:	Telephone:

The total % of benefit must equal 100%