



Administrative Manual PROCEDURE

SECTION

Personnel

SUBJECT

DESIGNATION OF
BENEFICIARY FORM

City of Baltimore
Central Payroll Division
Death Benefit
Beneficiary Form

Name of Employee or Retiree _____

Social Security Number _____

Primary Beneficiary(s)

I do hereby designate the following named person(s) as my primary beneficiary(s) for the purpose of receiving the Death Benefit to which I may be entitled through the City of Baltimore, provided each designated person(s) is/are living at the time of my death.

In the event I designate more than one primary beneficiary, and each beneficiary is living at the time of my death, I understand that each such living primary beneficiary shall receive an equal share of any monies due.

Name of Beneficiary _____

Address _____

Social Security No. _____

City _____ State _____ Zip _____

Date of Birth _____

Name of Beneficiary _____

Address _____

Social Security No. _____

City _____ State _____ Zip _____

Date of Birth _____

Name of Beneficiary _____

Address _____

Social Security No. _____

City _____ State _____ Zip _____

Date of Birth _____

Contingent Beneficiary(s)

In the event none of the primary beneficiaries I have designated is living at the time of my death, I do hereby designate the following person(s) as my contingent beneficiary(s) for the above benefit.

In the event I designate more than one contingent beneficiary, and each beneficiary is living at the time of my death, I understand that each such living contingent beneficiary shall receive an equal share of any monies due.

Name of Beneficiary _____

Address _____

Social Security No. _____

City _____ State _____ Zip _____

Date of Birth _____

Name of Beneficiary _____

Address _____

Social Security No. _____

City _____ State _____ Zip _____

Date of Birth _____

Name of Beneficiary _____

Address _____

Social Security No. _____

City _____ State _____ Zip _____

Date of Birth _____

*If you desire to designate additional primary or contingent beneficiaries, supplemental Beneficiary Form must be completed.

To order, contact the Central Payroll Division of the Finance Department. This form is issued in two versions. Employees currently on the City payroll will receive a green form, #195-011. Employees hired after 9/1/89 will receive a white form, #195-012.