



ONE CITY. ONE JACKSONVILLE

FORMER APPOINTED OFFICIALS Group Life Insurance Beneficiary Form

An Appointed Official must have served 8 continuous years of appointed service

EMPLOYMENT ENDED: \_\_\_\_\_

DEPARTMENT RETIRED FROM: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST NAME

FIRST NAME

MI

E- MAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS

SOCIAL SECURITY #:

I understand that a check or money order made payable to the Tax Collector's Office for this benefit must be sent to the Compensation & Benefits Office no later than the 15th day of each month.  
Check your election:

- ☐ **Basic = 2X Annual Salary (reduced to 65% at age 70) with a maximum benefit of \$100,000.**
- ☐ **Supplemental = 2X Annual Salary (reduced to 65% at age 70) with a maximum benefit of \$100,000. Must be enrolled prior to termination.**
- This coverage is only available for 18 months following termination and is calculated at the active supplemental employee rate.**

PRIMARY BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	ADDRESS	PHONE	Must Equal 100%
1					
2					
3					

CONTINGENT BENEFICIARY NAME(S) ( ONLY PAYABLE IF THERE ARE NO PRIMARY BENEFICIARIES SURVIVING )					
1					
2					

SIGNATURE : \_\_\_\_\_ DATE SIGNED : \_\_\_\_\_

**Please DO NOT sign until you are in the presence of a Benefit Representative**  
**Notary only required if you do not hand deliver this form to the Compensation and Benefits Office**

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

C & B Staff Signature: \_\_\_\_\_

Date Notarized : \_\_\_\_\_

Date: \_\_\_\_\_

Notary Stamp : \_\_\_\_\_