



ONE CITY. ONE JACKSONVILLE

City of Jacksonville, Florida  
Employee Services Department  
City Hall, 117 West Duval St., Suite 150  
Jacksonville, Florida 32202

RETIRED EMPLOYEE Group Life Insurance Beneficiary Form

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Retiree's SSN \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date Retired \_\_\_\_\_ Department \_\_\_\_\_

Please make only one selection : PLAN : \_\_\_\_\_

Plans B & C available for retirees in BU 070 or 140 only and must be enrolled in supplemental life at time of retirement

Plan A = \$ 5,000 Plan B = \$ 10,000 Plan C = \$ 15,000

PRIMARY BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	ADDRESS	PHONE	Must Equal 100%
1					
2					
3					
4					
5					

CONTINGENT BENEFICIARY NAME(S) ( ONLY PAYABLE IF THERE ARE NO PRIMARY BENEFICIARIES SURVIVING )					
1					
2					
3					
4					

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 : \_\_\_\_\_

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

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

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

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