



ONE CITY. ONE JACKSONVILLE

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

**LAW ENFORCEMENT OFFICERS AND FIREFIGHTERS
GROUP LIFE INSURANCE, STATUTORY DEATH POLICY STATE AND FEDERAL BENEFIT**

ACTIVE - FULL TIME EMPLOYEE Group Life Insurance Beneficiary Form

Email Address: _____

Phone Number: _____

Employee's SSN Last Name First Name MI Date of Birth Date Employed Department

COJ GROUP LIFE BASIC & SUPPLEMENTAL

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

STATUTORY DEATH POLICY STATE & FEDERAL

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

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: _____