City of Jacksonville
Compensation & Benefits Division
117 West Duval Street, Suite 150
Jacksonville, FL 32202
Phone: (904) 255 - 5555

ONE CITY. ONE JACKSONVILLE

FORMER APPOINTED OFFICIAL

Group Life Insurance Beneficiary Form

SSN: _____ **Email Address:** _____

Date of Birth: _____ **Phone Number :** _____

EIN	Last Name	First Name	MI	Separation Date	Department

Note: Former Appointed official must have worked 8 years of continuous service and must be enrolled in Life Insurance prior to termination to continue Life Benefits.
This coverage is only available for 18 months following termination. Life Insurance benefits may revert to 5,000 Supp Life Policy for Retirees ONLY

Check your election:

☐ **Basic = 2X Annual Salary (reduced to 65% at age 70) with a maximum benefit of $100,000.00**

☐ **Supplemental = 1X or 2X Annual Salary (reduced to 65% at age 70) with a maximum benefit of $100,000.00; calculated at the active supplemental employee rate.**

Percentage must equal 100%

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

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

I understand that a check or money order made payable to Tax Collector for this benefit must be received in the Compensation & Benefits Office no later than the 5th day of each month.

SIGNATURE : _____ **DATE SIGNED :** _____

Please DO NOT sign until you are in the presence of a Benefit Representative

Notary required if you mail this form to the Compensation and Benefits Office

Notary Stamp: **C & B Staff Signature:** _____

Notary signature: _____ **Date:** _____

Date Notarized: _____ _____