

EMPLOYER NAME: Frederick County Public Schools

Return completed and signed form to your Benefits Office.

RETIREE INFORMATION (Mandatory)				
First Name	Middle Initial	Last Name	ID No.	
Street Address	City	State	Zip Code	
Date of Birth	Social Security #	Job Title/Occupation	Date of Employment	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

MY BENEFICIARY DESIGNATION

PRIMARY BENEFICIARY(IES) (Mandatory)				
<i>All money shall be paid as allocated to the primary beneficiary(ies) who are living at the time of death.</i>				
First Name	Middle Initial	Last Name	% Allocation	
Date of Birth	Social Security #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship	
First Name	Middle Initial	Last Name	% Allocation	
Date of Birth	Social Security #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship	
First Name	Middle Initial	Last Name	% Allocation	
Date of Birth	Social Security #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship	

CONTINGENT BENEFICIARY(IES)				
<i>If all primary beneficiaries die before me all money shall be paid as allocated to the following person(s) who are living at the time of my death.</i>				
First Name	Middle Initial	Last Name	% Allocation	
Date of Birth	Social Security #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship	
First Name	Middle Initial	Last Name	% Allocation	
Date of Birth	Social Security #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship	

AUTHORIZATION			
I authorize my employer to make these change(s) I understand that all insurance coverage becomes effective according to the terms of the contract.			
Signature	Daytime Telephone Number	Evening Telephone Number	Date Signed