CITY OF MINNEAPOLIS - BENEFICIARY DESIGNATION

Beneficiary Designation for: (Please Print)

Employee Name [Last, First, Middle Initial]

Employee Department

Employee Payroll ID#

Please complete the following Beneficiary Designation for each type of Life Insurance Plan in which you are enrolled. This information is requested for your Benefit records.

Follow these instructions for completing Designations for each Plan in which you are enrolled.

- (**Box 1**) Fill in the name of each Beneficiary who would receive payment of your Life Insurance in the event of your death.
- (**Box 2**) State the relationship (spouse, child, brother, friend, etc.)
- (**Box 3**) Beneficiary's birthdate
- (**Box 4**) 'F' Female or 'M' Male
- (**Box 5**) Social Security Number
- (**Box 6**) Percentage of the benefit to be paid to each
- (**Box 7**) 'P' for Primary Receiver or 'C' for the Contingent receiver in the event the Primary Beneficiary is also deceased.

BASIC LIFE INSURANCE 1 BENEFICIARY NAME	2 RELATIONSHIP	3 DATE OF BIRTH	4 SEX	5 SOCIAL SECURITY #	6 % OF AMOUNT	7 PRIMARY (P) or CONTINGENT (C)

OPTIONAL LIFE (if enrolled) 1 BENEFICIARY NAME	2 RELATIONSHIP	3 DATE OF BIRTH	4 SEX	5 SOCIAL SECURITY #	6 % OF AMOUNT	7 PRIMARY (P) or CONTINGENT (C)

Employee Signature **Date**

Return completed form to: Human Resources-Benefits, Room 100 Public Service Center, 250 S 4th Street, Minneapolis MN 55415-1339

Some of the information on this form is private data under the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13. The data requested allows Benefit Staff and our death benefit provider to verify eligibility and to process the payment of a death benefit, in the event of your death, to those you designate to receive the benefit. You are not required to provide this information, however, failure to do so can result in death benefits being paid to your estate and can result in probate. This form may be available to City and plan provider employees or agents, labor union representatives, arbitrators and administrative hearing examiners, State and Federal courts, and attorneys representing any of the mentioned individuals or entities, or to others through a subpoena or pursuant to Federal and State law.