CITY OF
FORT LAUDERDALE
Venice of America
GENERAL EMPLOYEES' RETIREMENT SYSTEM

GROUP I DESIGNATION OF BENEFICIARY
**OFF-THE-JOB DEATH BENEFITS**

City Ordinance Section 20-110(e)(2) provides that if you die while employed as a City employee from causes not directly related to your employment that your designated beneficiary(s) would receive a monthly benefit equal to fifty (50) percent of your monthly pensionable earnings as of your last date of active employment, until the earlier of ninety-six (96) months of payments or the death of the last surviving beneficiary.

| **Member Name (print)** | **Employee ID #** | **Phone** |
|---|---|---|

## Important (Please Read):

A primary beneficiary is the person(s) who is first in line for benefits. A contingent beneficiary is the person(s) who is second in line for benefits if your spouse or other primary beneficiary(s) die before you or is ineligible to receive any benefit due. If your intent is to for all benefits to be payable first to your spouse if they are living, then designate your spouse only as the primary beneficiary. You can then designate anyone else such as your children as contingent beneficiary(s) to receive benefits should your spouse not be living at the time of your death.

Several options exist for the basis of sharing benefits:

1. **In order, if living basis** is paid 100% to the first beneficiary if they are living. If the first beneficiary is not living then it gets paid to the second beneficiary and then lastly to the third.
2. **Equal share basis** splits the benefit equally among the living beneficiaries.
3. **Percentage basis** is paid in the percentages designated. If one or more of these beneficiaries are not living then it is prorated at the same ratio among the remaining beneficiaries.

## PRIMARY BENEFICIARY(S):

I hereby designate the following person(s) as my primary beneficiary(s) entitled to receive benefits due in the event of my death to the following designated person(s).

Name _____ Relationship _____

Phone Number _____ Date of Birth _____ Percentage _____ (if applicable)

Address _____

Name _____ Relationship _____

Phone Number _____ Date of Birth _____ Percentage _____ (if applicable)

Address _____

Name _____ Relationship _____

Phone Number _____ Date of Birth _____ Percentage _____ (if applicable)

Address _____

**I designate the above named beneficiary(s) to receive benefits on:** (select one) ⇨

___ **in-order, if-living basis**
___ **equal share basis**
___ **percentage basis identified above**

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**CONTINGENT BENEFICIARY(S):**

If none of the primary beneficiary(s) are still living at the member's death then benefits payable will be to the following contingent beneficiary(s). In the event no contingent beneficiary(s) survive the member then all proceeds will be paid to the member's estate.

Name _____ Relationship _____

Phone Number _____ Date of Birth _____ Percentage _____ (if applicable)

Address _____

Name _____ Relationship _____

Phone Number _____ Date of Birth _____ Percentage _____ (if applicable)

Address _____

Name _____ Relationship _____

Phone Number _____ Date of Birth _____ Percentage _____ (if applicable)

Address _____

**I designate the above named beneficiary(s) to receive benefits on:** (select one) ⇨

**___ in-order, if-living basis**
**___ equal share basis**
**___ percentage basis identified above**

**It is extremely important that you keep your designation of beneficiary(s) current. <u>Update the pension office immediately after any changes in life circumstances such as death, marriage, divorce, or birth of new children.</u>**

Under Florida State Statutes, a divorce might invalidate the designation of your spouse as a beneficiary. Your ex-spouse can still be a beneficiary after divorce but you should complete and submit a revised Designation of Beneficiary Form dated after the divorce to the pension office.

You may designate whomever you wish to be your beneficiary(s) for off-the-job death benefits but not a trust. The Board of Trustees recognizes only those designations which are received by the pension office prior to the member's death. A trust is not an acceptable beneficiary designation.

This form supersedes and revokes any and all prior designations and primary/contingent beneficiary(s).

Forms that appear to be modified or altered in any way will not be accepted.

Please complete this form very carefully, if you have any questions do not hesitate to contact the pension office at 954-828-5171.

**Member Signature _____ Date _____**

Witnesses - a witness for the member's signature **<u>is required</u>**. The witness **<u>cannot</u>** be a beneficiary.

Witness Name (print) _____ Relationship _____

Witness Signature _____ Date _____

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GROUP I DESIGNATION OF BENEFICIARY
**ON-THE-JOB DEATH BENEFITS**

City Ordinance Section 20-110(e)(2) provides that if you die while employed as a City employee from causes related to your employment that your spouse and any unmarried children under age 18 shall be paid the following benefits:

Spouse – a monthly pension equal to fifty (50) percent of your monthly pensionable earnings as of your last date of active employment, until the earlier of death or remarriage.

Children - a monthly pension equal to ten (10) percent of your monthly pensionable earnings as of your last date of active employment, until the earliest of attainment of age 18, death, or marriage, for each child.

If you have no spouse, the maximum payment to your children shall be fifty (50) percent of your monthly pensionable earnings. The maximum payment made to both your spouse and children shall be equal to eighty (80) percent of your monthly pensionable earnings.

If you have no spouse or minor children, then designate your beneficiary(s) on the back of this form.

| _____ | _____ | _____ |
|---|---|---|
| **Member Name (print)** | **Employee ID #** | **Phone** |

**SPOUSE:**

Name_____ Phone Number _____

Address _____

**MINOR CHILDREN (UNDER AGE 18):**

Name_____ Phone Number _____

Address _____

Name_____ Phone Number _____

Address _____

Name_____ Phone Number _____

Address _____

Name_____ Phone Number _____

Address _____

Turn Page Over

**OTHER BENEFICIARY(S):**

In the event that (1) the above named spouse dies or remarries; (2) the above named children attain age 18, marry, or die; or (3) there is no spouse or children at the time of your death from causes directly related to employment as a City employee, the following named persons(s) are to receive benefits as stated in City Ordinance Section 20-110(e)(1)(c):

**Important** – several options exist for the basis of sharing benefits:

1. **In order, if living basis** is paid 100% to the first beneficiary if they are living. If the first beneficiary is not living then it gets paid to the second beneficiary and then lastly to the third.
2. **Equal share basis** splits the benefit equally among the living beneficiaries.
3. **Percentage basis** is paid in the percentages designated. If one or more of these beneficiaries are not living then it is prorated at the same ratio among the remaining beneficiaries.

Name _____ Relationship _____

Phone Number _____ Date of Birth _____ Percentage _____ (if applicable)

Address _____

Name _____ Relationship _____

Phone Number _____ Date of Birth _____ Percentage _____ (if applicable)

Address _____

Name _____ Relationship _____

Phone Number _____ Date of Birth _____ Percentage _____ (if applicable)

Address _____

**I designate the above named beneficiary(s) to receive benefits on:** (select one) ⇨

**___ in-order, if-living basis**
**___ equal share basis**
**___ percentage basis identified above**

**It is extremely important that you keep your designation of beneficiary(s) current. Update the pension office immediately after any changes in life circumstances such as death, marriage, divorce, or birth of new children.**

The Board of Trustees recognizes only those designations which are received by the pension office prior to the member's death. A trust is not an acceptable beneficiary designation.

This form supersedes and revokes any and all prior designations.

Forms that appear to be modified or altered in any way will not be accepted.

Please complete this form very carefully, if you have any questions do not hesitate to contact the pension office at 954-828-5171.

**Member Signature** _____ **Date** _____

Witnesses - a witness for the member's signature **is required**. The witness **cannot** be a beneficiary.

Witness Name (print) _____ Relationship _____

Witness Signature _____ Date _____