MIAMI-DADE COUNTY

"Delivering Excellence Every Day"

HUMAN RESOURCES
ACCIDENTAL DEATH INSURANCE

☐ Change of Name ☐ Change of Beneficiary ☐ Other

Former Name: _____

_____ _____ _____

Name of Employer Department Division

Name of Employee (Last, First, Middle): _____

_____ _____

Social Security Number Occupation

_____

Name of Beneficiary (Last, First, Middle)

_____

Relationship to Employee

_____ _____

Employee's Signature Date