



MIAMI-DADE COUNTY ACCIDENTAL DEATH INSURANCE

Change of Beneficiary

Change of Name
Former Name

Other

Name of Employer <input type="text"/>	Department <input type="text"/>	Division <input type="text"/>
Name of Employee (Last, First, Middle) <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth <input type="text"/>
Social Security No. <input type="text"/>	Occupation <input type="text"/>	
Name of Beneficiary (Last, First, Middle) <input type="text"/> <input type="text"/> <input type="text"/>		Relationship to Employee <input type="text"/>

Date

Signature of Employee

INSTRUCTIONS - DISTRIBUTION: White/Department - Blue/Employee - Yellow/Central Personnel files

Send white copy to Insurance Management Division in the event of on-the-job death of employee.