



HUMAN RESOURCES
DEATH BENEFIT – BENEFICIARY DESIGNATION

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

Social Security Number _____

Date of Hire _____

Miami-Dade County Death Benefit Resolution No. 81-02 provides for the following death benefit:

When a permanent status and career exempt employee dies and it has been determined that his /her survivors are not entitled to County provided job related death benefits, the County will pay to the employee's beneficiary (ies) the following death benefit amount determined by the employee's years of continuous County Service:

- If the employee's longevity is less than ten (10), the beneficiary (ies) shall be eligible for the equivalent of one pay period's regular salary and \$2,000.00 dollars.
▪ If the employee's longevity is less than twenty (20) years, the beneficiary (ies) shall be eligible for the equivalent of two pay period's regular salary and \$4,000.00 dollars.
▪ If the employee's longevity is 20 years or more, the beneficiary (ies) shall be eligible for the equivalent of two pay period's regular salary and \$6,000.00 dollars.

Below please designate the person(s) you choose to be the beneficiary (ies) of this benefit below:

Table with 5 columns: Beneficiary's Name, Beneficiary's Address, Social Security No., Date of Birth, Percentage

Table with 5 columns: Contingent Beneficiary's Name, Contingent Beneficiary's Address, Social Security No., Date of Birth, Percentage

NOTE: CONTINUE BENEFICIARY LISTING ON REVERSE SIDE, IF NECESSARY: CHECK () if there is a continuation.

Employee's Signature (must be signed in the presence of a Notary) _____ Date _____

State of _____ County of _____

The foregoing document was subscribed and acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me _____ who produced a current driver's license _____ who produced _____ as identification.

Notary Public Signature _____
Notary Public Name: _____
My commission expires _____

(Seal)

