



Beneficiary Designation Form

Deceased Employee's Salary and Personal Belongings

Should I,

(Print Name)

(Social Security Number)

(Employee ID Number)

die while employed by the City of Peoria, I authorize the City to release to the person(s) I have named below.

My final salary, consisting of wages/salary, eligible leave balances and any other salary benefit to which I may be entitled at the time of my death. My final salary benefit does not include any type of retirement, life insurance, pension or deferred compensation benefits.

Any personal property belonging to me and in the City's possession at the time of my death.

Primary Beneficiary Name:

Social Security Number	Street City, State, and Zip	Relationship	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contingent Beneficiary Name:

Name Social Security Number	Street City, State, and Zip	Relationship	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorizing Employee Signature _____

(Do Not Print)

(Date)

Signature of Witness (Human Resources)	Phone Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>