#### BOROUGH OF MANHATTAN COMMUNITY COLLEGE THE CITY UNIVERSITY OF NEW YORK

#### **DESIGNATION OF BENEFICIARY**

(Non-Instructional Staff)

Name - Please Print

Social Security Number

Title

Agency

## ACCIDENT DEATH BENEFIT

(Not applicable for Section 220 employee except Laborers)

I. In accordance with the provisions of Personnel Orders No. 26,71, 28,71, and 74, 46, the accidental death benefit of \$25,000 provided for therein is to be paid to the beneficiaries designated below in the following order:

Name of Beneficiary	<b>Relationship</b>	% of Benefits
1)		
2)		
3)		

4) If none of the above-designated beneficiaries shall survive me, payment shall be made to my estate.

## UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT

II. In accordance with the provisions of Major's Executive Order No. 34, dated March 26, 1971, the lump-sum cash payment for accrued and annual leave and accrued compensatory time provided for therein is to be paid to the following beneficiary or beneficiaries or to my estate as indicated below in the following manner (fill in below if you desire to name a beneficiary other than your estate).

Name of Beneficiary	<b>Relationship</b>	<u>% of Benefits</u>
1)		
2)		
3)		

4) It is my understanding that by not designating a beneficiary this benefit will be paid to my estate.

# ALL PREVIOUS DESIGNATED BENEFICIARIES ARE HEREBY CANCELLED AND IT IS DIRECTED THAT PAYMENT BY MADE UPON DEATH AS SPECIFIED ABOVE.

SIGNATURE OF EMPLOYEE (DO NOT PRINT)	ADDRESS OF EMPLOYEE
SIGNED AT (CITY, STATE)	DATE SIGNED
SIGNATURE OF WITNESS (DO NOT PRINT)	ADDRESS OF WITNESS
SIGNED AT (CITY, STATE)	DATE SIGNED

## NOTE: IT IS YOUR RESPONSIBILITY TO SUBMIT A NEW DESIGNATGION OF BENEFICIARY WHENEVER CHANGING PERSONAL CIRCUMSTANCES MAKE A CHANGE IN BENEFICIARY NECESSARY.