



CITY OF OMAHA EMPLOYEE GROUP BENEFITS AND BENEFICIARY INFORMATION

Employee Name (Last, First, M.I.)	Social Security Number
Full Time Hire Date/Promotion Date	Date of Birth
Job Title	Department

Designation of Beneficiary: Death Benefit for Pension & Group Life Coverage

Check the appropriate system:

Police and Fire Retirement System

(Civilian) Employees Retirement System

I, _____, a member of the above identified system, do now designate the beneficiary or beneficiaries named below to whom I authorize and direct the Board of Trustees of the City of Omaha, Nebraska, retirement system noted above, to pay at my death a death benefit and any money standing to my credit in the Retirement Fund. Additionally, I authorize the Life Insurance policies with the City of Omaha to be dispersed as designated below. Finally, I understand it is my obligation to maintain current records with Personnel. **Indicate whether the beneficiary is primary (P) or secondary (S) by circling the appropriate letter. Please indicate the percentage to each or write "equal shares to survivors (ESS)." Percentage for all primary beneficiaries must equal 100% and percentage for all secondary beneficiaries must equal 100%.**

FULL NAME AND ADDRESS OF EACH BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER	GROUP LIFE (%)		PENSION (%)		OPTIONAL LIFE (%)	
				P	S	P	S	P	S
				P		P		P	
				S		S		S	
				P		P		P	
				S		S		S	
				P		P		P	
				S		S		S	
				P		P		P	
				S		S		S	
				P		P		P	
				S		S		S	
				P		P		P	
				S		S		S	
				P		P		P	
				S		S		S	
				P		P		P	
				S		S		S	
				P		P		P	
				S		S		S	
				P		P		P	
				S		S		S	

I hereby specifically reserve the right to remove or change any beneficiary at any time in the manner and form prescribed by the City of Omaha, Nebraska, retirement system identified above and without the knowledge or consent of the beneficiary. In the event I withdraw the amount to my credit in the Retirement System, this designation of beneficiary shall immediately become null and void for any possible benefits. Further, I understand that I am responsible to keep my records current with Personnel.

Signed this _____ day of _____ in the year _____
Day
Month
Year

Member's Signature: _____

Witness Signature & Address: _____

Witness cannot be a named beneficiary