

The City of Coral Gables
Employee Designation of Beneficiary and Contingent Beneficiaries
(Wages, Salary, Travel Reimbursement)

Date _____, 20 ____

TO THE CITY OF CORAL GABLES
CORAL GABLES, FL

I, the undersigned, desire to revoke any previous nomination of beneficiary which may be inconsistent herewith and request that the following designation of beneficiary supersede any designation of beneficiary previously filed with the City of Coral Gables, Department of Human Resources.

I, the undersigned, do hereby designate _____,
(Name of Beneficiary)

_____, whose address is _____, and whose
(Date of Birth) (Address of Beneficiary)

relationship to me is _____,
(Relationship)

as the beneficiary to whom I request the City of Coral Gables to pay in the event of my death the total amount of any wages, (including accumulated vacation, ill and earned time, as well as final regular hours worked), salary or travel reimbursement that I may be entitled to at the time of my death.

In the event said beneficiary predeceases me, I designate as contingent beneficiary number one (1):

Name _____
(First) (Middle) (Last) (Relationship) (Date of Birth)

Residing at _____
(Number) (Street) (City) (State) (Zip)

In the event said beneficiary and contingent beneficiary number one (1), precedes me, I designate as Contingent Beneficiary Number Two (2):

Name _____
(First) (Middle) (Last) (Relationship) (Date of Birth)

Residing at _____
(Number) (Street) (City) (State) (Zip)

I hereby authorize the City of Coral Gables to make payment to the beneficiary or contingent beneficiaries whom I have above nominated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the City of Coral Gables from any further obligation.

Florida Statutes provide that it is lawful for any employer, in case the death of an employee, to pay the wife or husband, and in case there is no wife or husband, then to the child or children provided the child or children are over the age of 18 years, and in case there is no child or children, then to the father or mother, any wages or traveling expenses that may be due such employee at the time of his death.

It is also lawful for the Division of Unemployment Compensation of the Department of Labor and Employment Security of the State of Florida, in case of death of any unemployed individual, to pay those persons referred to in previous paragraph, any unemployment compensation payments that may be due such individual at the time of death.

Printed Name _____

Signature _____

Social Sec. # _____

Address _____

City/State _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and subscribed to before me this _____ day of _____, 20_____.

(Notary Public, State of Florida, at Large)

My Commission Expires

_____ (Seal)