

THE MARYLAND-NATIONAL CAPITAL PARK & PLANNING COMMISSION FOP ACCIDENTAL DEATH & DISMEMBERMENT BENEFICIARY DESIGNATION FORM

EMPLOYEE INFORMATION (PLEASE PRINT)

Employee Name: _____ Date of Birth: _____
 Address: _____ Home Phone: _____
 (Street, City, State, Zip) _____ Work Phone: _____

BENEFICIARY DESIGNATION (PLEASE PRINT)

I hereby designate the following person(s) as beneficiar(ies) for commission provided accidental death & dismemberment insurance benefits. Funds will be disbursed as stated below. (See notes below.) Total % should be 100%.

	Beneficiary %
(1) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Phone Number: _____	_____
(2) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Phone Number: _____	_____
(3) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Phone Number: _____	_____

In the event there is no living primary beneficiary at my death, I designate the following person(s) as contingent beneficiary: **Beneficiary %**
 Total % should be 100%.

(1) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Phone Number: _____	
(2) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Phone Number: _____	
(3) Full Name _____ Relationship: _____ Address: _____ Date of Birth: _____ Phone Number: _____	

1. When more than one person is designated, for either the primary or contingent beneficiary (ies), if a percentage is not specified, the payment will be made in equal amounts to each surviving beneficiary, or the full amount will be paid to the last surviving beneficiary.
2. The contingent beneficiary (ies) will receive benefits, in the event all primary beneficiary (ies) die before the employee.
3. You have the right to revoke or change any of these beneficiary designations at any time by completing another form.

VERIFICATION

I verify the accuracy of the information contained in this Beneficiary Form. This form supercedes any beneficiary designation previously filed with The Maryland-National Capital Park & Planning Commission.

_____ Employee Signature	_____ Date
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