



CITY OF FORT LAUDERDALE

GENERAL EMPLOYEES' RETIREMENT SYSTEM
GROUP I DESIGNATION OF BENEFICIARY
ON-THE-JOB DEATH BENEFITS

TO SPOUSE AND MINOR CHILDREN:

If you die from causes directly related to employment as a City employee, your spouse and any unmarried children under age 18 shall be paid the following benefits:

SPOUSE A monthly pension equal to fifty (50) percent of your monthly pensionable Earnings as of your last date of active employment, until the earlier of death or remarriage.

MINOR CHILDREN A monthly pension equal to ten (10) percent of your monthly pensionable Earnings as of your last date of active employment, until the earliest of attainment of age 18, death, or marriage, for each child. If you have no spouse, the maximum payment to your children shall be fifty (50) percent of your monthly pensionable Earnings.

COMBINATION The maximum payment made to both your spouse and minor children shall be equal to eighty (80) percent of your monthly pensionable Earnings.

Spouse's Name _____ Date of Birth _____

Minor Children's Name _____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

OTHER BENEFICIARIES:

In the event that (1) the above named spouse dies or remarries; (2) the above named children attain age 18, marry, or die; or (3) there is no spouse or children at the time of your death from causes directly related to employment as a City employee, the following named individual(s) are to receive benefits as stated in City Ordinance Section 20-110(e)(1)(c):

Failure to name a beneficiary could result in the cessation of any remaining benefits

Beneficiary 1 Name _____ Date of Birth _____

Address _____ Phone Number _____

Beneficiary 2 Name _____ Date of Birth _____

Address _____ Phone Number _____

Beneficiary 3 Name _____ Date of Birth _____

Address _____ Phone Number _____

I designate the above named beneficiaries to receive benefits on an equal share basis ____ or on an in-order, if-living basis ____

Member Name (print) _____ Department _____

Social Security Number _____ Dept Phone _____

Member Signature _____ Date _____