

The City of New York

Department of Citywide Administrative Services

DESIGNATION OF BENEFICIARY (For all employees)

Name (Print) First	Last Name	Social Security Number
Title	Agency	
Correction Officer	NYC Dept of Correction	
UNUSED ANNUAL LEAVE ACCRUED OVERTIME BENEFIT AND ACCIDENTAL DEATH BENEFIT		
1. In accordance with the provisions of Mayor's Executive Order No. 34 dated March 26, 1971, Labor Relations Order No. 74/46 and its successors, and Personnel Order 88/5 and its successors, the lump sum cash payment for accrued leave and accrued compensatory time provided for therein and the Accidental Death Benefit of \$25,000 are to be paid to the following beneficiary or beneficiaries or to my estate as indicated below in the following manner (Fill in 1 below if you want to name a beneficiary other than your estate).		
1. <u>Name and Address of Beneficiary</u>	<u>Relationship</u>	<u>% of Benefit</u>
2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.		
All previous designated beneficiaries are hereby cancelled and it is directed that payments be made upon my death as specified above.		
X _____ Signature of Employee (DO NOT PRINT)	_____ Address of Employee	
_____ Signed at (City, State)	_____ Date Signed	
_____ Signature of Witness (DO NOT PRINT)	_____ Address of Witness	
75-20 Astoria Blvd. East Elmhurst, NY 11370	75-20 Astoria Blvd. East Elmhurst, NY 11370	
_____ Signed at (City, State)	_____ Date Signed	
Note: It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances.		