

**HUNTER COLLEGE  
DESIGNATION OF BENEFICIARY  
(CIVIL SERVICE)**

Please Print Name \_\_\_\_\_  
Title \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_  
Agency The City University of New York

**ACCIDENTAL DEATH BENEFIT**

(Not applicable for Section 220 employees except Laborers)

- I. In accordance with the provisions of Personnel Orders No. 26/71, 28/71, and 74/76, the accidental death benefit of \$25,000 provided for therein is to be paid to the beneficiaries designated below in the following order:

	<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Address</u> <u>% of Benefits</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

If none of the above-designated beneficiaries shall survive me, payment shall be made to my estate.

**UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT**

- II. In accordance with the provisions of Mayor's Executive Order No. 34, dated March 26, 1971, the lump-sum cash payment for accrued and annual leave and accrued compensatory time provided for therein is to be paid to the following beneficiary or beneficiaries or to my estate as indicated below in the following manner (fill in below if you desire to name a beneficiary other than your estate).

	<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Address</u> <u>% of Benefits</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

It is my understanding that by not designating a beneficiary this benefit will be paid to my estate.

**ALL PREVIOUS DESIGNATED BENEFICIARIES ARE HEREBY CANCELLED AND IT IS DIRECTED THAT PAYMENT BE MADE UPON MY DEATH AS SPECIFIED ABOVE.**

Signature of employee (do not print)

Address of employee

Signed at (City, State)

Date signed

Signature of witness (do not print)

Address of witness

Signed at (City, State)

Date signed

**NOTE:** It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances make a change in beneficiary necessary