

# CITY OF HOUSTON

## DEATH TERMINATION PAY BENEFICIARY DESIGNATION FORM

<input type="checkbox"/> Election <input type="checkbox"/> Change <input type="checkbox"/> Effective Date _____										
Employee I. D. Number			Department			Social Security No.			Sex	
									<input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name			First Name			M.I.	Work Phone: (    )			
Address			Apt. No.	City		State		Zip Code		

**TERMINATION PAY** - If my termination of employment with the City of Houston is by reason of my death, I affirm the beneficiary, designated herein on this form, to receive any pay, which I otherwise would have received, payable based on my employment. Pay includes, but is not limited to, wages, value of vacation accruals, and value of sick leave hours, if any, supported by City business policies and procedures in effect at the time of my death and payable through the City of Houston payroll system. Pay does not include any payments, resulting from my participation in City-sponsored programs or plans, payable from external sources.

**NAMING THE BENEFICIARY** - It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and a contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, address, date of birth, social security number, relationship, and if a minor, the age of that minor. If you need assistance, contact your human resources division or your legal counsel. This beneficiary designation form is effective the date on which Human Resources-Benefits receives it.

PRIMARY BENEFICIARY					
Name	Address, City, State, Zip	Date of Birth	Social Security #	Relationship	Age (if minor)
			- -		
			- -		

  

CONTINGENT BENEFICIARY					
Name	Address, City, State, Zip	Date of Birth	Social Security #	Relationship	Age (if minor)
			- -		
			- -		

Employee Signature \_\_\_\_\_ Home Phone \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print - Departmental HR Representative      Employee ID

\_\_\_\_\_  
Signature- Departmental HR Representative      Date

Your signature must be notarized if this form is not signed in the presence of a City of Houston Human Resources representative or departmental HR representative.

THE STATE OF TEXAS      §  
   §  
COUNTY OF \_\_\_\_\_ §

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ A.D.

(SEAL)

\_\_\_\_\_  
Notary Public - Signature