

PRINCE GEORGE'S COUNTY GOVERNMENT
BENEFICIARY FORM

By completing this form, you are designating the beneficiary for your **Basic, Supplemental and Accidental Life Insurance, any salary earned up to your date of death, the balance of any annual and sick leave** to which you are entitled to be paid and for the balance of any contributions you made to any of the County's **Pension Plans**. Your beneficiary will only be paid for those benefits to which you are entitled on your date of death. You may change your beneficiary at any time by completing another *Beneficiary Form* and submitting it to the Benefits Administration Division, Office of Human Resources Management, 1400 McCormick Drive, Largo, Maryland 20774. Any changes will not be considered to have been made unless the form has been received by the Benefits Administration Division **prior to your date of death**.

Name: _____ Soc.Sec.No: _____
 (Please Print)

Home Address: _____

Previous name if your name has changed recently: _____

Department: _____ Work Telephone: _____

Active Employee Retiree Home Telephone: _____

Instructions: Decide on your primary beneficiary. If you name one primary beneficiary, write 100% in the "Share" column. If you name more than one primary beneficiary, write the percentage you want each beneficiary to receive in the "Share" column. If you select a contingent beneficiary, **this person(s) will only receive a payment if the primary beneficiary is deceased at the time of your death**. If no named beneficiary is living at the time of your death, the amount that would have been payable to such beneficiary shall become part of and be paid to your estate. **The total of shares for each category of beneficiary cannot exceed 100%**. Please **print** all information, sign and date this form. **See additional instructions on reverse side.**

PRIMARY BENEFICIARY(IES)	RELATIONSHIP	DATE OF BIRTH	SHARE
Name: _____			%
Address: _____			
Name: _____			%
Address: _____			
Name: _____			%
Address: _____			
Name: _____			%
Address: _____			

CONTINGENT BENEFICIARY(IES)	RELATIONSHIP	DATE OF BIRTH	SHARE
Name: _____			%
Address: _____			
Name: _____			%
Address: _____			
Name: _____			%
Address: _____			
Name: _____			%
Address: _____			

Signature: _____ Date: _____

Witness: _____ Date: _____

NOTE: The date of your signature and the witness' signature must be the same.

OFFICE OF HUMAN RESOURCES MANAGEMENT
BENEFITS ADMINISTRATION DIVISION

Please review the following instructions prior to completing a new Beneficiary Form.

1. There are four spaces to designate primary beneficiaries and four spaces to designate contingent beneficiaries. However, it is not necessary to complete all the spaces provided. If you desire to name one primary beneficiary and one contingent beneficiary, you may do so by completing one block under “Primary Beneficiary” and one block under “Contingent Beneficiary.” Please note that Contingent Beneficiary(ies) are only eligible for benefits if **all** primary beneficiaries are deceased.
2. Beneficiaries need not be related to the member. **It is necessary**, however, that the **complete name** of the beneficiary be given; for example, designate “Mary Jones” not “Mrs. John Jones.” It is also necessary to indicate the **relationship**; for example, specify spouse, mother, brother, etc. and the **birth date** of the beneficiaries.
3. Minor children may be designated, but you cannot designate a Guardian for the minor children. The designation of a Guardian may be done through your will. At the time of your death, if minor children have been named on this form, the Court will appoint a Guardian. A copy of the Court Order must be forwarded to the Benefits Administration Division before payment can be made.
4. The designation of “unborn children” or “children born of this marriage” is not acceptable. You may request a new Beneficiary Form to add another child to your beneficiaries. The full name of the child must be given.
5. If you do not desire to name a person, you may name “my estate.” You cannot designate an Executor or Administrator as a beneficiary. At the time of your death, if the estate has been designated to the Executor or Administrator, he or she must forward a copy of the Court Order of his/her appointment to the Benefits Administration Division. You may indicate in the space provided for the address, the person or place to contact concerning the administration of the estate.
6. If you are electing to designate an irrevocable trust, please contact the Benefits Administration Division for further instructions.
7. You may designate a charitable organization or church, but the complete corporate or legal name must be indicated.
8. **The total shares for each category must add up to 100%.** For example, with three primary beneficiaries, indicate 34%, 33% and 33% which totals to 100%. **You must use whole percentages – 33 ⅓% is not acceptable.**
9. **The form must be signed by you and your signature must be witnessed by someone other than a designated primary or contingent beneficiary. The dates of your signature and the witness’ signature must be the same.**

Should you have any questions, please contact the Benefits Administration Division at (301) 883-6380 or 1-800-634-5231.