



BENEFICIARY DESIGNATION FORM

The Village of Freeport provides all active employees Life Insurance in the sum of seventy-five thousand (\$75,000) dollars. Standard double indemnity life insurance is also provided.

Also, in accordance with the collective bargaining agreement the beneficiary of an employee who dies while in the service of the Village shall be entitled to a monetary reimbursement for accrued sick leave.

This Beneficiary Designation form may be used to designate beneficiaries for one or both of these benefits. If you wish to designate a beneficiary, please complete this form and return it to the Human Resources Office. You must indicate whether your designation is for life insurance, accrued sick leave or both by initialing in the appropriate space below. Additional forms are available in the Human Resources Office. If you do not designate a beneficiary, the proceeds will be payable to your estate.

EMPLOYEE NAME:	VILLAGE DEPARTMENT:	DATE:
LIFE INSURANCE:	ACCRUED SICK LEAVE:	BOTH:

PRIMARY BENEFICIARY(IES)

Primary Beneficiary's Name and Address	Social Security Number	Date of Birth	Relationship to you	Percentage: Must equal 100%
Name: Address:				
Name: Address:				
Name: Address:				

CONTINGENT BENEFICIARY(IES)

Contingent Beneficiary's Name and Address	Social Security Number	Date of Birth	Relationship to you	Percentage: Must equal 100%
Name: Address:				
Name: Address:				
Name: Address:				

Signature of Employee

Date