



Death Termination Pay Beneficiary Designation Form

611 Walker, 4th Floor, Houston, TX 77002 | 832-393-6000

Please Complete legibly and have notarized by a Human Resources Benefits Representative at 611 Walker - 4th floor or a Notary Public that is convenient for you.

Termination pay - If my termination of employment with City of Houston is by reason of my death, I affirm the beneficiary designated herein on this form, to receive my pay, which I would have otherwise received, payable based on my employment. Pay includes, but is not limited to wages, value of unused vacation accruals, value of compensable (CLS) sick leave hours, value of modified sick plan (MSP) leave hours, and paid time off (PTO) hours, if any supported by City ordinances, policies, procedures, and/or recognized labor union agreements 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, date of birth, social security number, relationship, and if a minor, the age of that minor. If you need assistance, contact your Human Resources Benefits Division or your legal counsel. This beneficiary designation form is effective the date on which Human Resources Benefits Division receives it.

<input type="checkbox"/> Election		<input type="checkbox"/> Change		Effective Date _____	
Employee Name	Employee ID	Last 4 digits of SSN	Work Phone	Department	

Address	City	State	Zip

Beneficiary Election: Select one
<input type="checkbox"/> Election A: Single Participant I am single, widowed, or divorced and designate the individual(s), named on this form, to receive my Death Termination Pay. I understand if I marry, this designation is void the date of my marriage. My spouse will be the assumed beneficiary until I properly execute another Death Termination Pay Beneficiary Form. Note: If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the issued court decree.
<input type="checkbox"/> Election B: Married with Spouse as Sole Beneficiary I am married and designate my spouse, named on this form, to receive my Death Termination Pay. Note: Spouse's signature is not required.
<input type="checkbox"/> Election C: Married with Spouse not as Sole Primary Beneficiary I am married and designate the individual(s), named on this form, to receive my Death Termination Pay. Note: For Election C your spouse must sign the consent below.

Primary Beneficiary: Complete for all applicable.					
Name	Date of Birth	Social Security No.	Relationship	Age (if minor)	% to Each

Contingent Beneficiary: Complete for all applicable.					

The percentage(s) must total 100 percent. If percentage is not listed, the Death Termination Pay will be divided equally among the primary or contingent beneficiaries as applicable.

Employee Signature _____ Contact Phone _____ Date _____
 Spouse's Name (Print) _____ Spouse's Signature _____

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 _____