

# Beneficiary Designation

To: **Human Resources, Benefits Area**

From:

Employee Name

MDID

In accord with Miami Dade College Policy and Procedure providing for settlement of specific accounts in the event of an employee's death as follows:

1. Final salary compensation, including Overload settlement
2. Vacation Pay in accordance with Policy II-84A (where applicable) and Professional Staff Accrued Leave in accordance with Policy II-84A (where applicable)

### Final Salary Compensation

One Primary Beneficiary and one or more Contingent Beneficiaries may be designated (Option I), or Multiple Beneficiaries may be designated (Option II). In the absence of the specific designation of a beneficiary, I understand that all proceeds will be paid on my death to my estate.

**Choose only one of the following options.**

**Option I: One Primary Beneficiary and Contingent Beneficiaries** *I understand that Contingent Beneficiaries will be eligible to receive benefits only if they survive me and the Primary Beneficiary does not; the share of any Contingent Beneficiary who predeceases me will be distributed to Contingent Beneficiaries who do survive in proportion to their shares.*

<b>Primary Beneficiary Address</b>	<b>Relationship Phone</b>	<b>Percentage 100%</b>
<b>Contingent Address</b>	<b>Relationship Phone</b>	<b>Percentage</b>
<b>Contingent Address</b>	<b>Relationship Phone</b>	<b>Percentage</b>

**Option II: Multiple Beneficiaries** *I understand that the share of any Multiple Beneficiary who predeceases me will be paid to my estate.*

<b>Multiple Beneficiaries</b>	<b>Percentage</b>	<b>Relationship</b>	<b>Address</b>
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**Employee Signature**

**Date**

**Vacation & Professional Salary Accrued Leave  
Terminal Leave Payment Program- BENCOR  
Beneficiary Designation**

***Program participation is mandatory for all full-time employees who are scheduled to receive a total of \$1,000 or more of terminal leave payments (vacation, professional staff accrued leave and bank point leave); and available to employees entering into the Deferred Retirement Option Plan (DROP), or otherwise separating from the College.***

**Married Participant**

I understand that I must select my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary (see spousal consent form).

**Unmarried Participant**

I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform the College by completing a new beneficiary designation form.

**Primary Beneficiary (ies)**

<b>Name</b>	<b>Relationship</b>	<b>Percentage</b>
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<b>Address</b>	<b>Phone</b>
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<b>Name</b>	<b>Relationship</b>	<b>Percentage</b>
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<b>Address</b>	<b>Phone</b>
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<b>Name</b>	<b>Relationship</b>	<b>Percentage</b>
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<b>Address</b>	<b>Phone</b>
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I understand that if my Primary Beneficiary does not survive me, benefits will be paid to my estate on my death unless I designate one or more Contingent Beneficiaries below; *the share of any Contingent Beneficiary who predeceases me will be distributed to Contingent Beneficiaries who do survive in proportion to their shares.*

(If additional space is required, please attach a separate page providing all designation information and the percentage share for each.)

<b>Contingent</b>	<b>Relationship</b>	<b>Percentage</b>
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<b>Address</b>	<b>Phone</b>
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<b>Contingent</b>	<b>Relationship</b>	<b>Percentage</b>
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<b>Address</b>	<b>Phone</b>
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<b>Contingent</b>	<b>Relationship</b>	<b>Percentage</b>
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<b>Address</b>	<b>Phone</b>
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Unless replaced by a Special Pay Plan Enrollment Form, this beneficiary designation shall apply to my Special Pay Plan account to the extent that it does not conflict with the terms of the Plan. I understand that if I am married at the time of my death, the balance of my Special Pay Plan shall be payable to my spouse unless he/she has waived that right as indicated in the Spousal Consent form.

**Employee Signature**

**Date**

**Employee Name**

