

County of Volusia
Beneficiary Designation

Employee Instructions: Complete and return white copy to the Volusia County Personnel Office. Please print or type.

Employee Name (Last, First, Middle)				
Employee I.D. # (last 5 digits)				
Department				
Primary Beneficiaries	%	Relationship	Mo./Day/Yr. of Birth	Address (No., St., City, State, Zip Code)
Secondary Beneficiaries		<input type="checkbox"/> Named Sequentially in Order <input type="checkbox"/> Named Jointly		

Certification: I hereby instruct the County of Volusia to pay all compensation due me in the event of my death in the manner selected hereon. Effective this date any prior Form PER 103, Beneficiary Designation, now on file is hereby cancelled. If my primary beneficiaries are not living to accept payment, my secondary beneficiaries shall be paid.

Employee Signature	Date
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If no beneficiary is named or all designated beneficiaries are deceased, payment shall be made to the present wife or husband; and in case there is no present wife or husband, then the child or children, provided that when the child or children be under the age of eighteen years, the payment shall be made to the child's guardian or as otherwise provided by an order from a court of competent jurisdiction; and in the event there is no child or children, then to the father or mother; and in the event the father and mother are deceased, payment shall be made to the estate.

*This beneficiary designation does not apply to life insurance, accidental death and dismemberment insurance or retirement benefits.