

PARKS DEPT

Department of Citywide Administrative Services
Bureau of Human Resources
1 Centre Street, 17th fl. No.
New York, N.Y. 10007

DESIGNATION OF BENEFICIARY (For all employees)

Name (Print)	Social Security Number
Title	Agency
UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT AND ACCIDENTAL BENEFIT.	
1. In accordance with the provisions of Mayor's Executive Order No. 34 dated March 26, 1971, Labor Relations Order No. 74/46 and its successors, and Personnel Order 88/5 and its successors, the lump sum cash payment for accrued leave and accrued compensatory time provided for therein and the Accidental Death Benefit of \$25,000 are to be paid to the following beneficiary or beneficiaries or to my estate as indicated below in the following manner (Fill in 1 below if you want to name a beneficiary other than your estate).	
1. <u>Name and Address of Beneficiary</u>	<u>Relationship</u> <u>% of Benefit</u>
2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate.	
All previous designated beneficiaries are hereby cancelled and it is directed that payments be made upon my death as specified above.	
_____ Signature of Employee (DO NOT PRINT)	_____ Address of Employee
_____ Signed at (City, State)	_____ Date Signed
_____ Signature of Witness (DO NOT PRINT)	_____ Address of Witness
_____ Signed at (City, State)	_____ Date Signed
Note: It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances make a change in beneficiary necessary.	