



City of Albuquerque
Human Resources Department

Spousal Consent Form for Other Beneficiary

This form should only be completed when an employee is married and designating someone other than the employee's spouse as a primary beneficiary on a life insurance policy.

Employee ID #		Employee Social Security #	
Employee First Name	Middle Initial	Last Name (PRINT)	

Spouse's Information and Notarization

I, _____, am married to employee
(print spouse's name)

_____. I hereby consent to my spouse's decision to name
(print name of employee)

_____ as his/her primary beneficiary for life insurance in the event my
(print name of beneficiary)

spouse dies.

Signature of employee's spouse

Date signed

State of _____
County of _____

Subscribed and sworn to (or affirmed) before me by _____
(print spouse's name)

On this the _____ day of _____, _____.

My Commission Expires _____

Notary Signature _____ Notary Public Phone Number _____