



City of Albuquerque
Retiree Life Insurance Beneficiary Form

Employee ID #		Social Security #	Phone #
Retiree First Name	MI	Last Name (PRINT)	Birth Date (MMDDYY)
Retirement Date (MMDDYY)	Address		
	City, State, Zip		

BENEFICIARY INFORMATION

Name (PRINT)	Relationship to Employee	Date of Birth Social Security #	Address	Percent of Benefit Primary/Secondary	
1.					
2.					
3.					
4.					

If more than one primary beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the primary designated beneficiaries who survive the employee. If no such primary beneficiary survives then the benefit will be paid in equal shares to the designated secondary beneficiaries. Thereafter, payment will be made in accordance with the terms of the policy.

Notification: The City of Albuquerque provides a basic life insurance policy to permanent employees at no charge. The amount in effect immediately prior to retirement continues at a 50% reduction. Disability retirement allows for continuation of life insurance at the same formula after PERA approval. Conversion for terminating employees or premium waiver for other disabled employees, who do not qualify for PERA retirement, is available as described in your basic life insurance policy.

I hereby acknowledge my enrollment in the basic retiree group life insurance policy provided by my employer in the amount of _____ and designate the beneficiaries named above until changed by me in writing. I further agree that my pre-retirement annual salary was _____.

Retiree Signature	Date Signed
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