



City of Albuquerque  
Human Resources Department

Retiree Life Insurance Notification  
and Beneficiary Designation

400 Marquette Ave. #702  
Albuquerque, NM 87102  
(505) 768-3758

If box is checked then this is a change to a previous designation.

Employee ID #		Retiree Social Security #			
Retiree First Name	Middle Initial	Last Name (PRINT)			
Retirement Date (MMDDYY)			Birth Date (MMDDYY)		
Retiree Life Effective Date (MMDDYY)			List the people below whom you wish to receive the City provided life insurance benefit.		

**BENEFICIARY INFORMATION**

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

If more than one 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 salary prior to retirement was \$ \_\_\_\_\_ and I will be enrolled 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.**

\_\_\_\_\_  
**Retiree Signature**

\_\_\_\_\_  
**Date Signed**