



# Beneficiary Designation Form

## **Instructions for Completing the Beneficiary Designation Form:**

***Designating your beneficiary(ies):*** upon employment with the City of Round Rock, you must complete a Beneficiary Designation Form. If you are a temporary employee, or a part-time employee (less than 30 hours per week) in a regular budgeted position, your designated beneficiary(ies) will receive Salaries Due/Reimbursable Expenses only. If you are a full-time employee (30 + hours per week) in a regular budgeted position, your designated beneficiary will receive Salaries Due/Reimbursable Expenses and Life Insurance (employer provided policy and voluntary policy, if elected). All applicable Texas laws will apply.

- If you have a job status change from temporary to regular, or part-time to full-time, you will be required to complete a new Beneficiary Designation Form during benefits orientation.
- If your estate is named as a beneficiary, court documents showing your Executor's or Administrator's authority may be required before payment can be made.
- If your named beneficiary is under the age of 18 at the time of your death, court documents appointing a guardian may be required before payment can be made.
- If one of your named beneficiaries is deceased at the time of your death, their share will be divided equally among the remaining named beneficiaries unless you specify otherwise.
- If you are married or have ever been divorced, you may want to consult with an attorney about community property rights or obligations arising from a divorce decree.

***Salaries/Reimbursable Expenses:*** your beneficiary will receive payment of accrued salary and leave balances.

***Texas Municipal Retirement System (TMRS):*** payment of your retirement benefits is governed by the provisions of the pension system. This beneficiary designation form is not valid with TMRS. You will need to complete the TMRS Beneficiary Designation Form to designate your beneficiary information with TMRS. For additional information about your beneficiary designation with TMRS, please call 800-924-8677.



# Beneficiary Designation Form

**Unless prohibited by law, proceeds will be distributed as indicated on this form.**

**EMPLOYEE INFORMATION:**

Name:	SSN#:	Employee #:
Address:		City, State, ZIP:
<input type="checkbox"/> Public Service <input type="checkbox"/> Fire <input type="checkbox"/> Police	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary

**PRIMARY BENEFICIARY(IES): *(no more than 3)***

Name:	Relationship:	DOB:	SSN#:	%:
Address:		City, State, ZIP:		
Name:	Relationship:	DOB:	SSN#:	%:
Address:		City, State, ZIP:		
Name:	Relationship:	DOB:	SSN#:	%:
Address:		City, State, ZIP:		

**SECONDARY BENEFICIARY(IES): *if your primary beneficiary(ies) do not survive you, benefits will be paid to your named secondary beneficiary(ies).***

Name:	Relationship:	DOB:	SSN#:	%:
Address:		City, State, ZIP:		
Name:	Relationship:	DOB:	SSN#:	%:
Address:		City, State, ZIP:		
Name:	Relationship:	DOB:	SSN#:	%:
Address:		City, State, ZIP:		

**SIGNATURE AND DATE:**

I certify that the information provided is true and correct. This Beneficiary Designation Form cancels any previous Beneficiary Designation Form completed by me and submitted to the Human Resources Department.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date