\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fire Department**

**Beneficiary Designation Form**

This form is being provided to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , social security number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , for the purpose of designating primary and contingent beneficiaries.

**PRIMARY BENEFICIARY(IES)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Beneficiary’s Name and Address | Social Security Number | Relationship to You | Date of Birth | Percentage: Must equal 100% |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CONTINGENT BENEFICIARY(IES)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contingent Beneficiary’s Name and Address | Social Security Number | Relationship to You | Date of Birth | Percentage: Must equal 100% |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* **Contingent beneficiaries will only receive benefit if there is no surviving primary beneficiaries.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , do hereby designate the above indicated persons as my beneficiaries.

Signature of Employee: Date:

Witnessed by: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fire Department**

**Employee Emergency Contact Information**

**Severe Injury/Line of Duty Death**

The information that you provide will ONLY be used in the event of your serious injury or death in the line of duty. Please take the time to fill it out fully and accurately because the data will help the department take care of your family’s needs if tragic events occur. This is especially important in assisting your family with State and Federal line of duty death benefits.

**PERSONAL INFORMATION**

Last Name: First: Middle:

Home Address: City: State:

Directions to Home:

Home Number: Beneficiary’s Number:

**EMERGENCY CONTACT INFORMATION**

Name: Relationship:

Address: City: State:

Mobile Number: Employer:

Employer Address:

Employer’s Phone: Other Contact Number:

Special Circumstances (health conditions, interpreter, etc.):

**SECONDARY EMERGENCY CONTACT INFORMATION**

Name: Relationship:

Address: City: State:

Mobile Number: Employer:

Employer Address:

Employer’s Phone: Other Contact Number:

Special Circumstances (health conditions, interpreter, etc.):

**Names and Date of Birth of all your children:**

Name: DOB:

Name: DOB:

Name: DOB:

Name: DOB:

**List any department member(s) you would like to accompany a Chief Officer to make the notification.**

Name:

Name:

**List anyone else you want to help make the notification, i.e. minister, etc.**

Name:

Position/Relationship:

Home Address:

Mobile Number: Other Number:

Workplace:

**IMPORTANT:** If you die in the line of duty, do you wish to have and consent to have an autopsy and toxicology report performed on your body?

YES / NO

**Consider this carefully. It is recommended that you do have an autopsy, as in some cases it is difficult to obtain the Federal death benefits for your family without it. An autopsy and toxicology report are documented evidence to prove cause of death for potential LODD benefits.**

Are you an organ donor? YES / NO

**Religious Preferences**

Religion: Pastor/Minister/Clergy:

Place of Worship: Address:

**Funeral Preferences**

Are you a veteran of the United States Armed Forces? YES / NO

If you are entitled to a military funeral, do you wish to have you? YES / NO

Do you wish to have a fire service funeral? YES / NO

Please list any organizations, honor guards, bag pipers/drums, etc. that you would like included at your funeral so we can assist your family in obtaining their services:

Please list any special requests you have for your funeral such as music, eulogy, use of a fire truck as a funeral coach, etc:

Do you have a Will? YES / NO If yes, where is it located?

Where are your life insurance policies located?

Please list any other information that you can think of that would assist the department in helping take care of your loved ones in the event of your serious injury or death:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fire Department**

**Employee Emergency Contact Information**

**Severe Injury/Line of Duty Death**

**Affidavit of Acknowledgement of Wishes**

I, , do hereby swear that this document is an accurate representation of my wishes in the event that I die in the line of duty, while working for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fire Department.

This document includes are where my personal information and wishes are expressed. This information includes details on who to contact in the case of an emergency or my death, beneficiary information, a list of department members I would like to accompany a Chief Officer in making my death notification, any other person, such as a minister, I want to assist in making notifications, my preference on autopsy and toxicology report, organ donation status, religious preferences, and any other special requests.

Signed on this day of , .

Employee signature

Witness