



**ANNUAL AND/OR SICK LEAVE
BENEFICIARY DESIGNATION FORM**

Name (please print) _____

-----**INSTRUCTIONS**-----

As a full-time employee of the College, you are entitled to terminal pay – in case of death – for any accumulated unused sick leave and/or annual leave, in accordance with Board policies governing payment of same.

This pay will be made to your named beneficiary or to your estate, as indicated below. Your primary beneficiary and/or your first contingent beneficiary may be an individual named by you or may be your estate. If individuals are named as your primary and your first contingent beneficiary and both are deceased, your estate will be your second contingent beneficiary.

Beneficiary designations should be kept current at all times. Upon your death, the College will pay any benefits for which you are eligible from your accumulated annual and/or sick leave to the beneficiary designated on the most recently dated form in our files.

If you have questions relative to this form, please contact Human Resources.

-----**DESIGNATION OF BENEFICIARY**-----

Benefits will be paid to the first named beneficiary. If the first named beneficiary is an individual and he/she is deceased, all benefits will be paid to the second named beneficiary. If both are deceased, all benefits will be paid to your estate. (Your Estate is your second contingent beneficiary.)

Primary Beneficiary

Relationship

Address

Phone #

First Contingent Beneficiary

Relationship

Address

Phone #

Signature _____

Date _____