

BENEFICIARY DESIGNATION FORM

If you are employed by MMSD, MPS or Veolia do not use this form. Contact the agency listed below for the correct form.

MMSD (414) 225-2117
MPS (414) 475-8215
Veolia (414) 225-2049

The following sections on the Beneficiary Designation form should be completed by you:

● **MARITAL STATUS BOX**

- Check "Yes" if Married – Check "No" if Not Married.

● **BENEFICIARY DESIGNATION BOX**

- For new employees – check "Original Designation" box.
- For current employees – check "Change of Beneficiary" box.

● **MEMBER INFORMATION**

- If member information is entered on form, review for accuracy.
- If member information is not entered on form, enter your member information.

● **BENEFICIARY DESIGNATIONS**

- Primary Beneficiary – first choice of who you want to receive your life insurance proceeds. You must complete this section.
- Contingent Beneficiary - this is your choice of who you want to receive the death benefit in the event your primary designated beneficiary predeceases you.
- According to the Marital Property Laws of the State of Wisconsin your spouse may, in certain circumstances, have a claim to as much as 50% of your life insurance proceeds as marital property unless a Consent of Spouse form is completed and signed. This form can be obtained from the Life Insurance Administrator.
- In Wisconsin, a minor is a non-married person under 18. If a minor beneficiary is named, then proceeds will be paid according to state law. In these cases it may be necessary to have a guardian, conservator or legal representative appointed by the court before any death benefit can be made. If you would like a minor child to be your primary or secondary beneficiary, please discuss options available to you with your legal representative. In most cases, benefits payable to a minor cannot be used to pay funeral or medical costs.
- Your employer cannot be named as a beneficiary for your Group Life Insurance.
- With the exception of your employer you can name any person, organization, charity or legal entity as a beneficiary for your Group Life Insurance.
- You can name your Estate as your beneficiary; however, you cannot name your Will as a beneficiary for your Group Life Insurance.
- If you are naming your Trust, please enclose a copy of the Trust's title page, the page(s) listing the names/addresses of the trustees and the signature page.
- Provide the full name, relationship, date of birth, and complete address for your designated primary and contingent beneficiary(ies).
- If more than four primary or contingent beneficiaries are named please use back of form for additional names. Beneficiaries cannot be listed on a separate paper.

● **MEMBER AUTHORIZATION**

- Your signature, date of signature and your address.

RETURN COMPLETED BENEFICIARY FORM TO:

**Employees' Retirement System
Attn: Group Life Insurance Administrator
789 North Water Street, Suite 300
Milwaukee, WI 53202**

PLEASE NOTE: Beneficiary changes cannot be made without a properly completed form on file. Improper completion of this form may result in having it returned.

Keep a copy of the Change of Beneficiary form for your records

EMPLOYEES' RETIREMENT SYSTEM (ERS)
 OF THE CITY OF MILWAUKEE
 789 North Water Street, Suite 300
 Milwaukee, WI 53202
 1-800-815-8418 or 414-286-3557

**CITY OF MILWAUKEE - GROUP LIFE INSURANCE
 BENEFICIARY DESIGNATION**
 (This form is not intended for MMSD, MPS or Veolia members)

Original Designation **Change of Beneficiary**

Instructions: Under the Group Life Insurance Policy issued to the City of Milwaukee pursuant to §350-25 of the Milwaukee Code of Ordinances and as amended by the insurance carrier of the City of Milwaukee, subject to the provisions of the policy:

I hereby revoke all previous designated beneficiaries under the City of Milwaukee Group Life Insurance Plan, together with any Optional Method of Payment election thereunder (Change of Beneficiary only).

If no designated beneficiary survives me, settlement will be made as provided in the policy.

This Beneficiary Designation shall take effect as provided for in the policy, and when received as so provided, shall be operative as of the date of this instrument whether or not I am alive at the time of receipt, but without prejudice to the Insurer on account of any payment made by it before receipt. The Insurer shall not be bound by any trust deed, and shall not be liable for the application of monies by a trustee beneficiary.

MEMBER INFORMATION

PERSON ID: _____ DATE OF BIRTH: _____ MARRIED: YES NO

NAME FIRST: _____ MI: _____ LAST: _____

PRIMARY BENEFICIARY DESIGNATION: I designate the following beneficiary or beneficiaries with respect to all insurance now or hereafter provided under said policy:

NOTICE: Wisconsin is a marital property state and married persons domiciled in Wisconsin are subject to the provision of Chapter 766 of the Wisconsin Statutes governing marital property. In the event you designate a person other than your spouse as a primary beneficiary and do not submit a completed and signed Consent of Spouse Form, your spouse may, in certain circumstances, have a claim to as much as 50% of your life insurance proceeds as marital property. You can obtain the Consent of Spouse Form from the Group Life Insurance Administrator.

ANY PERSON DESIGNATED AS A PRIMARY BENEFICIARY CANNOT BE NAMED AS CONTINGENT BENEFICIARY.

If multiple beneficiaries are designated, **distribute equally to the survivors. Do not indicate percentages (%).**
 OR
 I wish to specify a **percentage payable to each listed beneficiary. Indicate percentages (%).**

PRIMARY BENEFICIARY(S): Name and Address	Phone Nbr w/ Area Code	RELATIONSHIP:	DATE OF BIRTH:	PERCENTAGE:

CONTINGENT BENEFICIARY DESIGNATION: I further direct that, if the above designated person(s) or trustee predeceases me, the City of Milwaukee Group Life Insurance, shall be paid to the following:

If multiple beneficiaries are designated, **distribute equally to the survivors. Do not indicate percentages (%).**
 OR
 I wish to specify a **percentage payable to each listed beneficiary. Indicate percentages (%).**

CONTINGENT BENEFICIARY(S): Name and Address	Phone Nbr w/ Area Code	RELATIONSHIP:	DATE OF BIRTH:	PERCENTAGE:

MEMBER AUTHORIZATION

Signature of Member: _____ Date of Signature: _____
 Address: _____
 _____ Phone #: _____