

**The Maryland-National Capital Park and Planning Commission
FOP Accidental Death & Dismemberment Beneficiary Form**

Return completed Beneficiary Form with your signature to the Health & Benefits Office:
By Mail: M-NCPPC, Health & Benefits Office 6611 Kenilworth Avenue, Suite 404 Riverdale, MD 20737
Email: benefits@mncppc.org Fax: 301-454-1687

Employee Information

Employee Name: _____	Date of Birth: _____
Address Street, City, State, Zip _____	
Home Phone: _____	Work Phone: _____

I hereby designate the following person(s) as beneficiary(ies) for commission provided accidental death & dismemberment insurance benefits. Funds will be disbursed as stated below.

1. When more than one person is designated, for either the primary or contingent beneficiary (ies), if a percentage is not specified, the payment will be made in equal amounts to each surviving beneficiary, or the full amount will be paid to the last surviving beneficiary.
2. The contingent beneficiary (ies) will receive benefits, in the event all primary beneficiary (ies) die before the employee.
3. You have the right to revoke or change your beneficiary designations at any time by completing another form.

Primary Beneficiary(ies):

All beneficiaries in this section will be considered primary. Proceeds will be paid in equal shares to primary beneficiaries who survive unless you indicate percentages. Total percentage of all primary beneficiaries must equal 100%.

Primary Beneficiary Name _____	
Primary Beneficiary Address _____	
Primary Beneficiary Email _____	Beneficiary Phone Number _____
Relationship _____ Percentage distribution (total of all primaries must equal 100%) _____	

Primary Beneficiary Name _____	
Primary Beneficiary Address _____	
Primary Beneficiary Email _____	Beneficiary Phone Number _____
Relationship _____ Percentage distribution (total of all primaries must equal 100%) _____	

Primary Beneficiary Name _____
Primary Beneficiary Address _____
Primary Beneficiary Email _____ Beneficiary Phone Number _____
Relationship _____ Percentage distribution (total of all primaries must equal 100%) _____

Contingent Beneficiary(ies):

All beneficiaries in this section will be considered contingent. In the event there is no living primary beneficiary at my death, I designate the following person(s) as Contingent Beneficiary: Total percentage of all contingent beneficiaries must equal 100%.

Contingent Beneficiary Name _____
Contingent Beneficiary Address _____
Contingent Beneficiary Email _____ Beneficiary Phone Number _____
Relationship _____ Percentage distribution (total of all contingent must equal 100%) _____

Contingent Beneficiary Name _____
Contingent Beneficiary Address _____
Contingent Beneficiary Email _____ Beneficiary Phone Number _____
Relationship _____ Percentage distribution (total of all contingent must equal 100%) _____

Contingent Beneficiary Name _____
Contingent Beneficiary Address _____
Contingent Beneficiary Email _____ Beneficiary Phone Number _____
Relationship _____ Percentage distribution (total of all contingent must equal 100%) _____

I verify the accuracy of the information contained in this Beneficiary Form. This form supersedes any beneficiary designation previously filed with The Maryland-National Capital Park and Planning Commission.

Employee's Signature: _____

Date: _____