

**CITY OF HIALEAH SWORN POLICE OFFICERS AND FIREFIGHTERS
DESIGNATION OF BENEFICIARY FOR ACCIDENTAL DEATH AND
DISMEMBERMENT BENEFITS AS PROVIDED UNDER FLA. STAT. §112.18,
FLA. STAT. §112.181, FLA. STAT. §112.19, AND FLA. STAT. §112.191**

Date: _____

I, the undersigned, cancel any prior beneficiary designation for accidental death and dismemberment benefits as provided under Fla. Stat. §112.18, Fla. Stat., §112.181, Fla. Stat. §112.19, and Fla. Stat. §112.191 and request the following designation of beneficiary supersede any designation of beneficiary for accidental death and dismemberment benefits as provided under Fla. Stat. §112.18, Fla. Stat., §112.181, Fla. Stat. §112.19, and Fla. Stat. §112.191 previously filed with the City of Hialeah. I, the undersigned, do hereby designate:

a)	Primary Beneficiary	Percentage	Relationship	Address
b)	Contingent Beneficiary	Percentage	Relationship	Address

as the beneficiary to whom I request the accidental death and dismemberment benefits as provided under Fla. Stat. §112.18, Fla. Stat., §112.181, Fla. Stat. §112.19, and Fla. Stat. §112.191 be paid to in the event of my death. I hereby authorize the insurer to make payment to the beneficiary whom I have above nominated. The use of the singular beneficiary shall include the plural wherever the term is used.

Signed: _____

Printed Name: _____

Address: _____

Date Employed: _____

Policy Holder/Name of the Employer: City of Hialeah