

COOPERATIVE EDUCATIONAL SERVICES
40 LINDEMAN DRIVE
TRUMBULL CT 06611
203-365-8800

C.E.S. DEATH BENEFIT STATEMENT

_____ a full-time, salaried C.E.S. employee, understands that
(Employee's Name)
his or her salary will be continued for twenty-eight (28) calendar days following the date of his
or her death: Provided further, however, that in the event the decedent has any accrued or unused
vacation time due him or her, the pay for same shall be deducted from said twenty-eight (28)
calendar days only.

I name _____ of _____
(Beneficiary's Name) (Town they Reside)
my _____ as the beneficiary of such salary. I understand that the salary
(Relationship to Employee)
check will be made out to _____, beneficiary of _____,
(Beneficiary's Name) (Employee's Name)
Decedent.

(Employee's Signature)

(Date)

Witness: _____
(Signature)

(Date)

Witness: _____
(Signature)

(Date)

Subscribed and sworn to before me this ____ day of _____,
(month) (year)

Notary Seal:

(Notary Public's Signature)