

EMPLOYEE DEATH BENEFIT DESIGNATION FORM

Attached is the Chambersburg Area School District Employee Death Benefit Form.

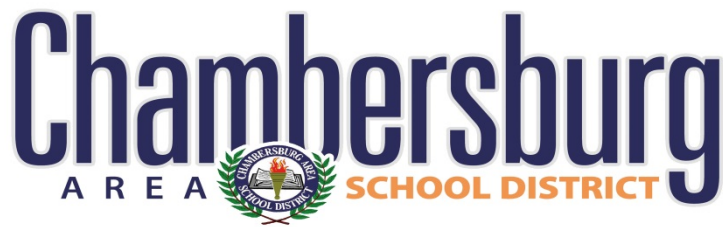
Due to privacy laws, PSERS (Pennsylvania **Public School Employees' Retirement System**) will not release beneficiary information to the District. Therefore we are requesting you complete the designation beneficiary form for your personnel file. Completion of this form is voluntary.

If you will list a minor as a beneficiary of your death benefit, please complete the column for a **designated guardian** in case a beneficiary is a minor. This identifies who will supervise the monies if the beneficiary is a minor.

Please have a witness sign and print your form, as indicated on the bottom of the form.

Once completed please return to the Human Resource Department.

Should you have any questions or concerns please do not hesitate to contact the HR Department.



DESIGNATION OF BENEFICIARY EMPLOYEE DEATH BENEFIT

Name of Employee: _____

Social Security Number: _____

The undersigned hereby designates the following as beneficiary or beneficiaries of the employee death benefit:

PRINCIPAL BENEFICIARY DESIGNATION

Full Name & Address of Beneficiary	Social Security Number (if known)	Relationship to Employee	Name of Guardian if Beneficiary is a minor	Share to Beneficiary, must total 100%

CONTINGENT BENEFICIARY DESIGNATION

Full Name & Address of Beneficiary	Social Security Number (if known)	Relationship to Employee	Name of Guardian if Beneficiary is a minor	Share to Beneficiary, must total 100%

I understand that this Designation of Beneficiary cancels all prior designations of beneficiary, and shall bind the undersigned, his or her heirs, successors, and assigns, and all designated beneficiaries with respect to payment of the Employee Death Benefit, under the current Collective Bargaining Agreement(s) or any subsequent Agreement containing an Employee Death Benefit.

Signature of Employee

Date

Witness Signature

Date

Witness Printed Name