



Cooperative Educational Services
40 Lindeman Drive
Trumbull CT 06611

C.E.S. DEATH BENEFIT STATEMENT

_____ a full-time C.E.S. employee, understands that his, her
(Employee's Name)
or their salary will be continued for twenty-eight (28) calendar days following the date of his,
her or their death: Provided further, however, that in the event the decedent has any accrued
or unused vacation time due him, her or their, 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
(Relationship to Employee)
the salary check will be made out to _____, beneficiary of
(Beneficiary's Name)
_____, Decedent.
(Employee's Name)

(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)