SEATTLE POLICE DEPARTMENT

BENEFICIARY DESIGNATION OF UNUSED SICK LEAVE

Pursuant to Ordinance 88522 as amended by Ordinance 105005, in the event of your death while employed by the City of Seattle, your designated primary named beneficiary(ies) will receive payment in the amount you are entitled to because of unused sick leave, if living, otherwise all to contingent beneficiary(ies).

BENEFICIARY INFORMATION

List the beneficiary(ies) to receive payment for your unused sick leave. Please specify the *percentage of benefit* for each beneficiary and if any beneficiary is *contingent*. *Contingent* means the person listed only receives the benefit if your named beneficiary is deceased. **You are not required to list a contingent beneficiary.** If more space is required, use a separate list, sign, date, and attach to this form.

Last Name (Please Print) First Name ☐ Primary ____ %

Address City State Zip Code

Last Name (Please Print) First Name ☐ Primary ____ % ☐ Contingent ____ %

Address City State Zip Code

Last Name (Please Print) First Name ☐ Primary ____ % ☐ Contingent ____ %

Address City State Zip Code

Last Name (Please Print) First Name ☐ Primary ____ % ☐ Contingent ____ %

Address City State Zip Code

I have carefully read and understand this document.

Employee Signature

Date

Employee Name (Printed)

Serial Number

Social Security Number