

Line of Duty Benefit

Designation or Change of Beneficiary Form (see instructions below)

This \$200,000.00 Line of Duty Death Benefit is provided at no cost to you. It is paid out to the beneficiary(ies) of eligible employees who are killed in the line of duty.

Social Security Number _____

Name of Employee _____
Last First Middle

Name of Employer or Volunteer Fire Dept. Department Location

In accordance with the conditions of the Line of Duty Benefits as covered in Title 18, Chapter 66, Delaware Code, I hereby revoke any previous beneficiary designation and I hereby direct that any amount of benefit payable at my death be paid to the Beneficiary designation below if living. If more than one beneficiary is designated, payment will be made in equal shares to such of the designated beneficiaries as survive me, unless otherwise provided.

Name of Beneficiary Date of Birth Relationship to Employee

Address of Beneficiary

The right is reserved to revoke this designation and to designate new Beneficiaries at any time by filing a new designation or Change of Beneficiary Form.

Signature Date

Designation or Change of Beneficiary Form Instructions

For your own protection you should have a beneficiary form on file with your employer or Volunteer Fire Company. Please complete the above and return it to your Supervisor when you first become eligible under this plan. You should keep one copy of the form for your records.

1. Do not erase or attempt to make any corrections; use a new form.
2. Only the spouse, dependent children or dependent parents of a covered person shall be eligible for beneficiaries.
3. Show the full name of each beneficiary. Example: Mary Joe Doe, not Mary J. Doe nor Mrs. M.J. Doe.
4. If death occurs and a minor (a person not of legal age) is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the claim. Please take this into consideration when naming your beneficiary.