Line of Duty Benefit and/or Funeral Benefit

Designation or Change of Beneficiary Form (see instructions below)

The Line of Duty Death Benefit or Funeral Benefit is provided at no cost to you. It is paid out to the beneficiary(ies) of eligible employees.

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 and/or Funeral Benefit as covered in Title 18, Chapter 66, and/or Title 18, Chapter 67A, 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 des	•	new Beneficiaries at any time
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/ Personnel Deptartment when you first become eligible under this plan. You should keep one copy of the form for your records. This form needs to be placed in your file at your employer or Volunteer Fire Company.

- 1. Do not erase or attempt to make any corrections; use a newform.
- 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.