

MOTT COMMUNITY COLLEGE
Designation of Beneficiary

I hereby designate _____ with a date of birth of _____ as my beneficiary to receive all compensation due to me in the event of my death while an employee of Mott Community College. I understand that this designation may be canceled or changed only by filing a new form with my employer. I also understand that it is my responsibility to change the named beneficiary in the event of the beneficiary's death. The employer understands that in the event of my death all compensation due to me shall be paid to the beneficiary named by me.

I understand that this designation form is only for those items under the employer's control and that it is necessary to execute similar documents for other benefits controlled by a third party, such as life insurance, pension and LTD.

Beneficiary's Relationship to Employee _____

Beneficiary's Contact Information:

Address: _____

City, State, Zip Code: _____

Phone: _____

I understand it is my responsibility to update contact information for my beneficiary.

Employee Signature

Date

Printed Name