



**City of Newport News
Employees' Retirement Office**
2400 Washington Avenue
Newport News, VA 23607
Phone: (757) 926-3929
Fax: (757) 926-3570

Retiree's Death Benefit Beneficiary Form

Social Security Number	NAME: Last	First	Middle
Present Address: Street	City	State	Zip
IF YOU ARE LEGALLY MARRIED, PLEASE COMPLETE THE FOLLOWING:			
Spouse's Name	Social Security No.	Date of Birth	Address (if different)

PRIMARY BENEFICIARIES - IF YOU DO NOT HAVE A LEGAL SPOUSE			
Name	Address	Relationship	% of Insurance

CONTINGENT BENEFICIARIES			
Name	Address	Relationship	% of Insurance

I am aware that, in the event of my death, my spouse will be entitled to a death benefit of \$3,300.00. If I have no legal spouse at the time of death, then my beneficiary named above will be entitled to a death benefit of \$3,300.00.

EMPLOYEE SIGNATURE _____ **DATE** _____