



DEATH BENEFIT FUND NOMINATION OF BENEFICIARY

| | | | | | |
|--|-----------------------------------|----------------------------------|---|-------------------------------|--|
| EMPLOYEE'S LAST NAME (PRINT) | FIRST | MI | DATE OF BIRTH | HIRE DATE | SSN |
| | | | | | |
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> SINGLE | <input type="checkbox"/> MARRIED | <input type="checkbox"/> SEPARATED | <input type="checkbox"/> CEBA | <input type="checkbox"/> MEET & CONFER |
| <input type="checkbox"/> MALE | <input type="checkbox"/> DIVORCED | <input type="checkbox"/> WIDOWED | | <input type="checkbox"/> ESP | <input type="checkbox"/> POLC |
| | | | <input type="checkbox"/> FACULTY [] FULL TIME OR [] ADJUNCT | | |
| I HEREBY DIRECT GRAND RAPIDS COMMUNITY COLLEGE TO PAY THE BENEFITS DUE, IN THE EVENT OF MY DEATH, TO: | | | | | |
| NAME OF BENEFICIARY | | | RELATIONSHIP | | SSN |
| | | | | | |
| IF LIVING, OTHEWISE TO: | | | | | |
| NAME OF BENEFICIARY | | | RELATIONSHIP | | SSN |
| | | | | | |
| EMPLOYEE'S SIGNATURE | | | | DATE | |
| NOTE: IT IS NOT NECESSARY TO MAKE A NEW NOMINATION EACH YEAR. A NEW NOMINATION IS NECESSARY ONLY WHEN YOU WISH TO CHANGE THE BENEFICIARY. IN ORDER TO BE VALID, THE NOMINATION CARD MUST BE ON FILE IN GRCC'S HUMAN RESOURCES OFFICE. | | | | | |