

**DUVAL COUNTY PUBLIC SCHOOLS
BENEFICIARY CHANGE FORM
GROUP LIFE INSURANCE**

LAST NAME	FIRST NAME	M	SOCIAL SECURITY NUMBER
HOME MAILING ADDRESS PLEASE INCLUDE: NUMBER & STREET APT OR UNIT CITY, STATE & ZIP CODE	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/>		Return Address: Duval County Public Schools 1701 Prudential Dr. Jacksonville, FL 32207	
PRIMARY BENEFICIARY(S)	%	RELATIONSHIP	ADDRESS
CONTINGENT BENEFICIARY(S)		RELATIONSHIP	ADDRESS

If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the insured. If no beneficiary survives, payment will be made in accordance with the Terms of the Policy unless otherwise provided, the retiree reserves the right to change the beneficiary in accordance with the Terms of the Policy.

Notice of Social Security Disclosure
 State laws require agencies that are required to collect employee Social Security numbers (SSN) to disclose the purpose for collecting the SSN. The Duval County School Board is allowed to collect SSN's when specially authorized by law to do so, or when the collection is imperative for the performance of the District's duties and responsibilities. Pursuant to Federal and State Laws, the District is collecting your Social Security number for the purpose processing employee and dependent benefits; this collection is Mandatory. If you do not provide us your SSN, DCPS cannot process your application/request. The Duval County School Board will not disclose your SSN to anyone outside of the District except as authorized by law.

Member's Signature (Sign in the presence of Notary) _____

NOTARY:
 State of Florida, County of _____, Sworn to and subscribed before this _____ day of _____, _____

By _____, Personally known _____ or Produced _____ identification.

 Signature of Notary Public – State of Florida

Stamp Commissioned Name of Notary