DOUGLASVILLE
GEORGIA

CITY OF DOUGLASVILLE EMPLOYEE BASIC LIFE AND VOLUNTARY LIFE INSURANCE BENEFICIARY DESIGNATION FORM

Please write legibly.

Primary Beneficiary Designation - Total Primary Beneficiary Share % must equal 100%

Full Name (First, Middle Initial, Last)	Relationship	SSN	Address (Street, City, State, Zip)	Share %
			TOTAL:	100%

Contingent Beneficiary Designation - Total Contingent Beneficiary Share % must equal 100%

Full Name (First, Middle Initial, Last)	Relationship	SSN	Address (Street, City, State, Zip)	Share %
			TOTAL:	100%

Employee Signature: _____ Date: _____

Return Form To: **Ask-HR@Douglasvillega.gov**

Receive Date: _____

City of Douglasville Human Resources
Department 6695 Church Street
Douglasville, GA 30134
Phone (678) 449-3164 Fax (678) 449-3165