



Eugene Water & Electric Board
EMPLOYEES DEATH BENEFIT FUND

NAME: _____

DATE: _____

I have read the description of this benefit and understand how it works. In the event of my death, while a participating member of the EWEB Death Benefit Fund, I hereby designate the following beneficiary(s) to receive moneys due in accordance with the Rules & Regulations of the EWEB Death Benefit Fund.

Primary Beneficiary(s):

Name	Relationship	Address and/or Ph#	%

Secondary Beneficiary(s):

Name	Relationship	Address and/or Ph#	%

New Employee Enrollment

I hereby authorize EWEB to deduct \$2.00 from my earnings on the first payroll following the death of any member of this fund. I understand that it is my responsibility to keep beneficiary information updated.

Retiree Update

I am currently a member of the Death Benefit Fund and hereby submit updated beneficiary information. I understand that it is my responsibility to keep information updated.

Decline or Cancel Enrollment

I DO NOT wish to participate in the Death Benefit Fund. I understand that my only opportunity to enroll is within the first 30 days of my employment.

I wish to **CANCEL** my enrollment in the Death Benefit Fund. I understand that I will not have an opportunity to enroll at a later date.

Signature

Date