

Jefferson County Schools

Survivorship Designation for Sick Leave Incentive

Pursuant to the Sick Leave Incentive Plan of the Jefferson County Board of Education, this form should be completed at the time a "Sick Leave Incentive" application is filed with the Director of Schools. This should occur on or before April 1st of the year the individual intends to retire or exit the system.

I hereby designate _____
(Full Name of Person Designated as Survivor) (Social Security Number)

of the City of _____ of the County of _____

and of the State of _____ if such beneficiary survives me.

If such beneficiary does not survive me,

I hereby designate _____
(Full Name of secondary Designated Survivor) (Social Security Number)

of the City of _____ of the County of _____

and the State of _____.

I hereby reserve the right to change any beneficiary hereto without the consent of any beneficiary. Any change in Designation of Beneficiary must be filed in writing with the Jefferson County Board of Education Finance Office.

(Signature of Sick Leave Benefit Applicant) (Soc. Sec. Number) (Date Signed)

(Applicants Address: Box / Apt # / Street) (City) (State) (Zip)