



CITY of HOLLYWOOD, FLORIDA

Office of Human Resources

2600 Hollywood Blvd. • Room 206 • P.O. Box 229045 • Hollywood, Florida 33022-9045
Phone (954) 921-3218 • www.hollywoodfl.org

Tammie L. Hechler, MPA, SPHR, IPMA-CP
Director

March 16, 2015

To City of Hollywood Retirees

RE: Change in Life Insurance Carrier

If you are currently enrolled in the retiree life benefit, we would like to inform you that the City of Hollywood has a new Life Insurance Provider, Symetra. Please note there are no changes to your current monthly rate.

If you did not elect this coverage at the time of retirement, you may not do so now.

As always, we encourage you to review your beneficiary, making any changes necessary. A beneficiary form is attached for your convenience.

If you have any questions, please feel free to contact myself or Judy Mehrmann at 954.921.3578.

Sincerely,

Tammie L. Hechler, MPA, SPHR, IPMA-CP

attachment

Our Mission: We are dedicated to providing municipal services for our diverse community in an atmosphere of cooperation, courtesy and respect.
We do this by ensuring all who live, work and play in the City of Hollywood enjoy a high quality of life.

"An Equal Opportunity and Service Provider Agency"

CHANGE OF BENEFICIARY DESIGNATION

Please attach to original enrollment form

POLICY # _____

EMPLOYER/POLICYHOLDER NAME _____

EMPLOYEE INFORMATION

NAME _____ **PHONE NUMBER** _____

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

PRIMARY BENEFICIARY(IES):	
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT
CONTINGENT BENEFICIARY(IES):	
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENT

DEFINITIONS

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

EMPLOYEE SIGNATURE _____

DATE SIGNED _____