

Verona PBA Local # 72 Death / Permanent Disability Fund

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

**ARTICLE XVI
Amendment**

Death Fund

A. Upon death or permanent disability resulting in termination from employment of an active member in good standing, \$ 10,000.00 will be paid to the employee, his / her spouse, named beneficiary or his /her estate, which ever is applicable. Disbursement shall only be made provided the Township of Verona Police Department at the time of death or disability employs the active member. Disbursements of funds drawn from this account for reasons listed above shall not require voting approval. Said payment shall be made upon notification of death or permanent disability resulting in termination from employment.

A beneficiary for each member in good standing will receive the following funding from this Local:
\$ 3,000.00 for members who are under 70 years of age at time of death.
\$ 1,500.00 for members who are over 70 years of age at time of death.

It is the responsibility of the member to have a beneficiary form updated and filed with the Local.
The Local will keep forms at its office. Payment shall be made upon the Local's receipt of an obituary from a newspaper.

I DESIGNATE THE FOLLOWING BENEFICIARY TO RECEIVE PAYMENT OF FUND:

PRINCIPAL (First)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

CONTINGENT (Second – If Principal Beneficiary dies)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that the above listed benefits are subject to change in accordance with State and /or Local By-Law changes. I also understand that I may change the Principal and /or Contingent Beneficiary at any time.

(SIGNATURE OF MEMBER) (DO NOT PRINT) DATE COMPLETED: _____

Received By:

President PBA LOCAL # 72

