



BRIDGEHAMPTON UNION FREE SCHOOL DISTRICT
CSEA SURVIVOR BENEFIT DESIGNATION FORM

Article VIII, Section 2 of the Collective Bargaining Agreement between the Bridgehampton Union Free School District and the CSEA provides that in the event of the death of an employee, an employee's estate or other beneficiary as designated by the employee in writing to the District shall be compensated for the full cash value of all unused vacation days, personal days, holidays, accrued overtime, accrued compensatory time, and accrued sick time standing to the credit of the employee at the time of his/her death.

INSTRUCTIONS: CSEA employees who would like to designate a beneficiary for purposes of Article VIII, Section 2 of the CBA must complete this form and return an original to the **District Clerk**.

EMPLOYEE DETAILS:

Name: _____

Address: _____

Email: _____

Home/Cell Phone: _____

BENEFICIARY DESIGNATION:

The undersigned hereby designates the following person as a beneficiary for purposes of Article VIII, Section 2 of the CBA.

Name: _____

Address: _____

Email: _____

Home/Cell Phone: _____



EMPLOYEE ACKNOWLEDGMENT

I understand that this designation of a beneficiary shall apply to all benefits set forth in Article VIII, Section 2 of the CBA and that this designation shall remain in full force and effect unless and until I revoke such designation in writing to the District. This designation shall serve to supersede and replace any prior designation of a beneficiary submitted to the District for purposes of Article VIII, Section 2 of the CBA. I further understand that in order to change the designation of a beneficiary, I must submit a new form, naming the new beneficiary and expressly revoking any prior designation.

Employee Name

Date

Sworn to before me this

___ day of _____, 20__

Notary