



Metropolitan Transportation Authority

HR-BEN-034C COVID-19 Death Benefit Beneficiary (2020-2021)

MTA Use Only

OVERVIEW

This form is for employees of the MTA and any of its agencies to designate one or more beneficiaries for the COVID-19 death benefit (2020-2021). This will not impact or replace designated beneficiaries for any other benefit you may have with the MTA.

Review the instructions that accompany this form and contact the Business Service Center at 646-376-0123 with any questions.

Please email a signed and notarized copy of the form to bscservice@mtabsc.org or fax to 212-852-8700. Make sure to include **COVID-19 Death Benefit** in the subject line.

EMPLOYEE INFORMATION (PLEASE PRINT)

First Name	M.I.	Last Name	Suffix
BSC ID	Pass/Agency ID Number	Date of Birth	
Address		Apt. Number	
City	State	Zip Code	
Phone (H or C)	Phone (W)	Email	

DESIGNATION OF BENEFICIARIES

In this section, you may designate one or more beneficiaries for the COVID-19 death benefit. You must indicate a percentage for each beneficiary, and the sum of the percentages for all of the beneficiaries must equal 100%.

BENEFICIARY	First Name	M.I.	Last Name	Suffix
	Social Security Number	Relationship	Date of Birth	
	Address		Apt Number	
	City	State	Zip Code	
	Percentage			



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Employee Last Name	Employee Pass/Agency ID Number	Employee BSC ID

DESIGNATION OF BENEFICIARIES

BENEFICIARY	First Name	M.I.	Last Name	Suffix
	Social Security Number	Relationship		Date of Birth
	Address			Apt Number
	City	State		Zip Code
	Percentage			

DESIGNATION OF BENEFICIARIES

BENEFICIARY	First Name	M.I.	Last Name	Suffix
	Social Security Number	Relationship		Date of Birth
	Address			Apt Number
	City	State		Zip Code
	Percentage			

DEATH OF A BENEFICIARY

In the event of the death of one or more of your named beneficiaries, you must elect one of the following options:

- Distribute the entire benefit equally among the surviving beneficiaries.
- Distribute the share assigned to the deceased beneficiary equally among his/her heirs.
- Return the share assigned to the deceased beneficiary to my estate.
- Other – Specify.



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Employee Last Name	Employee Pass/Agency ID Number	Employee BSC ID

Guardianship Designation

By designating a guardian under the Uniform Transfer to Minor's act for a minor beneficiary on this form, you eliminate the need for formal guardianship proceedings upon your death.

I, the undersigned, hereby designate the Guardian(s) listed below for the named minor(s), under the Uniform Transfer.

Full Name			Social Security Number	Relationship	Home Address (Street, Apt.#, City, State, Zip)	Minor Beneficiary's Full Name		
First	M.I.	Last				First	M.I.	Last

Employee Confirmation

Signature

Date

THIS FORM MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

State of _____ County of _____ On this _____ day of _____ 20_____, personally appeared before me the above named, _____, to me known and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds

Official Title

Expiration Date of Commission

If you have an official seal, affix it here.



INSTRUCTIONS FOR COMPLETING THIS FORM

- If you need assistance completing this form, please contact the Business Service Center at 646 376- 0123.
- Complete this form in ink or type. Please print all information except for signature.
- Enter your last name, pass/agency ID number and BSC ID at the top of every page after the first page where indicated.
- Sign and date page 3 of the form.
- You must sign this form in the space provided and it must be acknowledged before a Notary Public or Commissioner of Deeds. This form may be notarized using audio-video technology (instead of in person) while Governor Cuomo's Executive Order 202.7 of March 20, 2020, is in effect or where such method of notarization is authorized by other New York State law or executive order. See attached for Executive Order 202.7 notarization instructions.
- Do not use the words "same as above" or use "ditto marks", as this renders the form invalid.
- Do not make erasures, use white-out or cross out any typed or printed information.
- You must return all pages of this form even if you have intentionally left portions blank, except for the information page.
- Send the completed, signed and notarized form by email to the MTA Business Service Center at bscservice@mtabsc.org or by fax to 212-852-8700.

HOW TO **E-NOTARIZE*** in 6 EASY STEPS

1

Set- up a video conference allowing for direct, live interaction between the Person and the Notary.



The Person must present valid photo ID to the Notary.

2

3

The Person must affirmatively state that they are present in the State of New York.



The Person must then sign, and on the same date, e- mail or fax document to the Notary.

4

5

The Notary may then notarize the e- mailed or faxed copy and send it back to the Person.



If a fully executed original is needed, the original and e-notarized documents must be sent to the Notary within 30 days. The Notary may then notarize the original using the e-notarization date.

6

*In response to the COVID 19 emergency, the Governor has issued EO No. 202.7
AUTHORIZING NOTARY SERVICES VIA AUDIO-VIDEO TECHNOLOGY

To view the full Executive Order or for more information, visit:

www.trialacademy.org