DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS, FIREMEN and STATE EMPLOYEES COMPENSATION ACT," (820 ILCS, Act 315). I hereby designate the following as beneficiary, or beneficiaries, in the event that the $50,000.00 benefits are payable by reason of my death in the line of duty.

Complete Name and Address of Each Beneficiary	*Relationship, if any*	*Cash Amount or Percentage Share*

Print name (first, middle, last): _____

Address: _____

Date of Birth: _____ Social Security No.: _____

Place of employment under the Act: DeWitt County Emergency Services and Disaster Agency, 201 West Washington Street, P.O. Box 439, Clinton, IL 61727-0439.

Signature of Witness: _____

Signature of Person designating benefits: _____

Address of Witness: _____

_____

Date: _____

820 ILCS, Act 315. LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS, FIREMEN AND STATE EMPLOYEES COMPENSATION ACT.

315/2 (g) "civil defense worker means any person employed by the State or a local governmental entity as, or otherwise serving as, a member of a civil defense work force, including volunteer civil defense work forces engaged in serving the public interest during periods of disaster whether natural or man-made."

315/4 "Notwithstanding Section 3[1], no compensation is payable under this Act unless a claim is filed, within the time specified by that Section, with the Court of claims on an application prescribed and furnished by the Attorney General . . ."