Instructions
Rockland County Volunteer Benefit Act Enrollment and Beneficiary Form

Reason for completing the form: (check all that apply)

If this is a new enrollment check the box for new enrollment.

If this is to change your name and change beneficiaries, please check both boxes. Be sure to include your previous name so we can cross reference with the old form.

If this is a change of beneficiary form, please list all the beneficiaries you would like to include going forward. You cannot just list one name and add a beneficiary. Only the beneficiaries listed on the most current form will be recognized as your beneficiaries.

If you are a member of more than one volunteer agency you must complete a separate form for all entities where you are a member.

Individual Information

Please include all the information in the individual information section.

All the information in this section is required for all new enrollments and any changes.

The date of membership is the date the individual first became a volunteer in your organization. If the specific date is not available a month and year will be sufficient.

Beneficiary Designation Primary Beneficiary must be an eligible beneficiary

List the individuals you would like to be the beneficiaries of your grant. If you would like to have more than one beneficiary, please indicate the percentage of the total grant you would like to go to each individual. Please make sure the total adds to 100%. See the Sample Page for an example of how this section should be completed.

You must name at least one primary beneficiary.

Beneficiary Designation Contingent Beneficiary must be an eligible beneficiary

If at the time your initial benefit is to be paid, your primary beneficiary is no longer living, your grant will be paid to your contingent beneficiary. If your primary beneficiary is alive at the time your initial benefit is to be paid, it will be paid to your primary beneficiary only.

You do not need to list any contingent beneficiaries, but if there are no living primary beneficiaries at the time your initial grant payment is due, there will be no grant paid.

Eligible beneficiaries are only:

A spouse, not separated or divorced; or a domestic partner as defined by Rockland County Code§ 232-2.

A child- natural or adopted or stepchild

Natural or adopted siblings, step siblings, or half siblings

A biological or adoptive parent or step parent.

The form must be signed and Notarized.

Frequently Asked Questions

What are the important changes to the Rockland County Volunteer Benefit Act?

There have been several changes, but the most significant is the eligible beneficiaries no longer have to meet the IRS definition of a dependent to be eligible as a beneficiary. A second enhancement to the law, is you can now list a primary beneficiary and a contingent beneficiary.

Why can't I have anyone I want be a beneficiary like I can on a life insurance policy?

This is not a life insurance policy. This is a unique benefit created by a local law in Rockland County. Life insurance can be used for many purposes, for example, it can be used to fund a buy/sell agreement in a partnership, fund a retirement plan, estate planning, or charitable giving. This law was enacted specifically to provide economic assistance to the immediate family of a volunteer.

What if something changes in my life and I want to change beneficiaries?

You can change your beneficiaries at any time. Rockland County will use the most current enrollment form on file to determine who the eligible beneficiaries are. All enrollment forms must be notarized and on file with the Rockland County Insurance Department to be valid.

Since the law has changed recently, do I have to complete a new enrollment form?

No. You only have to complete a new enrollment form if you wish to change your beneficiaries or the percentage of the benefit assigned to each beneficiary based on the new changes to the law.

If after the initial payment, the primary beneficiary dies or otherwise becomes ineligible and there are no other primary beneficiaries and no contingent beneficiaries, then they payment will not be continued, is that correct?

Yes, it is not the intent of this law that the benefit becomes part of the estate of the primary or contingent beneficiary. The primary and contingent beneficiary will not be able to designate another party to receive the benefit should they die or otherwise become ineligible.

Can we return the complete notarized forms by email?

For the initial batch of forms, we would prefer them to be originals in paper form. The batch can be hand delivered to 50 Sanatorium Road Pomona New York Building A 8th Foor room 816, or they can be mailed.

For individuals after the first batch, they can be scanned and emailed. For cyber security reasons, we do not open emails from unknown email addresses that have attachments. Please put in the subject line JARID LLOYD LAW ENROLLMENT FORM ATTACHED. If this is not in the subject line, the email will be deleted. We will respond received if we open the email. If you do not get a response the email was not opened and your enrollment will not have been recorded. The email address is ttorpey@co.rockland.ny.us.

Rockland County Volunteer Benefit Act Enrollment and Beneficiary Form
Sample Completed Form

Reason for completing the form: (check all that apply)

_X__ New Enrollment ____ Change of Beneficiary(ies) ____ Address Change

___ Name Change Include Previous Name _____

___ Other Change Indicate reason for change _____

___ Additional Beneficiary(ies) second page

Individual Information

Organization Name:___Haverstaw Fire Department_____

Volunteer Name:_____Thomas Smith_____

Volunteer Home Address:___123 Main Street_____

_____Haverstraw NY 10927_____

Volunteer Date of Birth:____11/1/1960_____

Volunteer Date of Membership:___12/1990_____

Volunteer Social Security Number: ___123-45-6789_____

I hereby designate the following beneficiary(ies) to receive any Rockland County Volunteer Benefit Act proceeds payable under Local Law 8 of 2024. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) are made:

Beneficiary Designation Primary Beneficiary

Primary Beneficiary Name and Address	Relationship	Date of Birth	Percentage
Mary Smith 123 Main St Haverstaw NY10927	Wife	11/1/1962	75%
Peter Smith Same	Son	12/31/1997	25%

If you have listed more than one primary beneficiary, and one or more of the beneficiaries are no longer living at the time the initial grant payment is made by the County, the payment will be apportioned to the remaining living beneficiaries on a pro rata basis, based on the percentage of benefits assigned in this section.

Beneficiaries cannot be changed after the death of the participant. The beneficiaries on file with the County of Rockland at the time of death will be final and cannot be changed.

Beneficiary Designation Contingent Beneficiary

Contingent beneficiaries will only receive benefits if there are no living primary beneficiaries.

You do not need to list any contingent beneficiaries, but if there are no living primary beneficiaries there will be no grant paid.

Contingent Beneficiary Name and Address	Relationship	Date of Birth	Percentage
William Smith 456 Broadway Haverstraw NY	Father	1/1/1930	100%

Rockland County
Ed Day, Rockland County Executive

DEPARTMENT OF INSURANCE
50 Sanitorium Road
Building A 7th Floor
Pomona, NY 10970
Phone (845) 364-2225 Fax (845) 364-2226
Email TORPEYT@CO.ROCKLAND.NY.US

Thomas E. Torpey
Director of Insurance and Risk Management

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Reason for completing the form: (check all that apply)

___ New Enrollment ____ Change of Beneficiary(ies) ____ Address Change

___ Name Change Include Previous Name _____

___ Other Change Indicate reason for change _____

___ Additional Beneficiary(ies) second page

Individual Information

Organization Name:_____

Volunteer Name:_____

Volunteer Home Address:_____

_____

Volunteer Date of Birth:_____

Volunteer Date of Membership:_____

Volunteer Social Security Number: _____

Rockland County Volunteer Benefit Act Enrollment and Beneficiary Form

I hereby designate the following beneficiary(ies) to receive any Rockland County Volunteer Benefit Act proceeds payable under Local Law 8 of 2024. If this form represents a change of beneficiary, any and all prior beneficiary designation(s) are terminated and the following designation(s) are made:

Beneficiary Designation Primary Beneficiary must be an eligible beneficiary

Primary Beneficiary Name and Address	Relationship	Date of Birth	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have listed more than one primary beneficiary, and one or more of the beneficiaries are no longer living at the time the initial grant payment is made by the County, the payment will be apportioned to the remaining living beneficiaries on a pro rata basis, based on the percentage of benefits assigned in this section.

Beneficiaries cannot be changed after the death of the participant. The beneficiaries on file with the County of Rockland at the time of death will be final and cannot be changed.

Beneficiary Designation Contingent Beneficiary must be an eligible beneficiary

Contingent beneficiaries will only receive benefits if there are no living primary.

You do not need to list any contingent beneficiaries, but if there are no living primary beneficiaries no grant paid.

Contingent Beneficiary Name and Address	Relationship	Date of Birth	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Additional Important Information

If more beneficiaries or contingent beneficiaries are needed please indicate here (circle one) **Yes / No,** and list them on a separate enrollment form. Please indicate on the second form that the form is for additional beneficiaries. Please sign and date the additional beneficiaries form in addition to the enrollment form. If Yes is not circled here, it will be assumed there are no other beneficiaries or contingent beneficiaries.

Minor or estate as beneficiaries: If death occurs and a minor child (a person under the age of majority) or your estate is designated as a beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Signature of Volunteer Date

_____ _____

Sworn before me this _____

day of _____

_____
NOTARY PUBLIC