



**State of Oklahoma
Office of Management &
Enterprise Services
Human Capital Management**

**Outstanding Wage Beneficiary
Designation Form**

_____ (Agency Name / #) offers its employees the option of designating a beneficiary to receive the employee's final check in the event of an employee's death while an employee.

If you elect to name a beneficiary you must complete the form on the next page "Outstanding Wages Beneficiary Designation Form" and submit it to Human Resources. Should you desire to change your beneficiary at some point in the future, it will be your responsibility to complete and submit to Human Resources another Outstanding Wages Beneficiary Designation Form. For example, if you name your spouse and are later divorced, you may want to complete a new form.

Primary Beneficiary: Receives priority distribution upon the employee's death.

Contingent Beneficiary: Receives distribution only if the primary beneficiary(ies) are deceased at the time of the employee's death.

If an employee does not elect to name a beneficiary, the payroll office will issue the employee's final paycheck, including any pay for unused annual/vacation leave, in accordance with Title 40, O.S., Section 165.3a, Payment of wages to surviving spouse and children. Please be advised that if your final check is processed without the naming of a beneficiary, your surviving spouse, or if there is no surviving spouse, your dependent children, or their guardians or the conservators of their estates, will receive in equal shares a total up to the maximum \$3,000 allowed by law. Any remaining payment would go into the estate and go through probate. Please be advised that access to the funds processed to an estate may be delayed due to the probate process.

Wage beneficiary forms must be signed and dated to be in effect. If any of the information for the named beneficiary(ies) is incomplete or the form is not signed and/or dated, the entire form will be considered invalid. The beneficiary form on file with the most current date supersedes any previously submitted Wage Beneficiary Designation Forms. If additional spaces are needed, print additional pages and sign and date each page.

Continue to the next page to complete the Outstanding Wage Beneficiary Designation Form.

****Original form(s) will be kept in individual employee files within the employing agency. DO NOT send forms to the Office of Management and Enterprise Services.***



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**Outstanding Wage Beneficiary
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Employee Name: _____ **Employee ID or SSN (new employee):** _____

Agency Name / #: _____

Primary Beneficiary:

Full Name: _____ DOB: _____
mm/dd/yyyy

Social Security Number: _____ Relationship: _____

Address: _____
Street City State Zip Code

Beneficiary: Primary: _____ **OR** Contingent: _____

Full Name: _____ DOB: _____
mm/dd/yyyy

Social Security Number: _____ Relationship: _____

Address: _____
Street City State Zip Code

Beneficiary: Primary: _____ **OR** Contingent: _____

Full Name: _____ DOB: _____
mm/dd/yyyy

Social Security Number: _____ Relationship: _____

Address: _____
Street City State Zip Code

Beneficiary: Primary: _____ **OR** Contingent: _____

Full Name: _____ DOB: _____
mm/dd/yyyy

Social Security Number: _____ Relationship: _____

Address: _____
Street City State Zip Code

Beneficiary: Primary: _____ **OR** Contingent: _____

Full Name: _____ DOB: _____
mm/dd/yyyy

Social Security Number: _____ Relationship: _____

Address: _____
Street City State Zip Code

I understand that if any of the information for the named beneficiary(ies) is incomplete and/or the form(s) is not signed and dated, the form(s) will be considered invalid. Furthermore, I understand that the beneficiary form(s) on file with the most current date supersedes any previously submitted wage beneficiary forms.

PRINT EMPLOYEE FULL NAME SIGNATURE OF EMPLOYEE DATE

Return original signed form to Human Resources of employing agency and retain a copy for your records. Please keep all beneficiary information current.