



**Oklahoma State Department of Health
Protective Health Services
Emergency Systems- EMS Division**

Designation of Recipient for Oklahoma \$5,000 EMS Line of Duty Death Benefit

NAME: _____ OKLAHOMA EMT LICENSE #: _____

SECTION 1. PRIMARY RECIPIENT OR RECIPIENTS: If more than one recipient is named in this section, the interest of all recipients shall be equal. Upon death of any designated *primary* recipient, his/her interest shall pass to the remaining *primary* recipient in equal shares.

1. I hereby designate	_____	_____	_____	_____	_____
	First Name	Middle Name	Last Name		Birthday
2. I hereby designate	_____	_____	_____	_____	_____
	Mailing Address	City	State	Zip	Relationship
3. I hereby designate	_____	_____	_____	_____	_____
	First Name	Middle Name	Last Name		Birthday
	_____	_____	_____	_____	_____
	Mailing Address	City	State	Zip	Relationship

as my primary recipient(s) if living, or in the event of prior death of all the primary recipients, then payment is to be made to the contingent recipient(s) in Section 2.

SECTION 2. CONTINGENT RECIPIENT OR RECIPIENTS: payment will be made to contingent recipients if all *primary* recipients are deceased. If more than one *contingent* recipient is named, payment will be made in equal shares. Upon the death of *contingent* recipient, his/her interest shall pass to the remaining *contingent* recipient in equal shares.

1. I hereby designate	_____	_____	_____	_____	_____
	First Name	Middle Name	Last Name		Birthday
2. I hereby designate	_____	_____	_____	_____	_____
	Mailing Address	City	State	Zip	Relationship
3. I hereby designate	_____	_____	_____	_____	_____
	First Name	Middle Name	Last Name		Birthday
	_____	_____	_____	_____	_____
	Mailing Address	City	State	Zip	Relationship

as my contingent recipient(s) to receive the amount set forth in the Oklahoma EMT Death Benefit (HB2693) in the event of my death in the line of duty as a licensed EMT. Contingent recipients do not share in the amount if any of the primary recipients are living at my death.

Form must be signed and notarized on second page.

Definitions:

PRIMARY RECIPIENT: The *primary* recipient is the sole recipient if living at the time of the member's death.

CONTINGENT RECIPIENT: The *contingent* recipient is the recipient if all *primary* recipients are deceased.

MINOR RECIPIENT: In the event a minor child is designated as recipient, under the provision of Oklahoma Law it will be necessary that a guardian (if other than the natural parent) be appointed by the court before payments are made.

Revocation of Previous Designation of Recipient(s):

By this election, I hereby revoke all other and former designations made by me and expressly reserve the right to make other and further changes at any time I may elect. If there is no designated recipient living at the time of my death, any amounts due to me shall be paid as provided by the Oklahoma EMT Death Benefits Bill (HB2693).

State of _____)

County of _____)

Licensed EMT Signature

License Number and Expiration Date

Mailing Address

City State Zip

_____, first being duly sworn on oath deposed and says that he/she is the Licensed EMT above named, that he/she read the within and foregoing application, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn before me _____.

My Commission expires _____

Notary Public

It is advised that you keep a copy of this document in your personal records and on file with your employer(s).
Please do not send this form to OSDH.