



## HUMAN RESOURCES DEPARTMENT

### FINAL COMPENSATION BENEFICIARY DESIGNATION

<b>Employee Name:</b>	<b>DOB:</b>	<b>Social Security Number:</b>
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**Instructions:** Designate the person or persons listed below to receive, upon your death, payment for any last wages, annual, sick, or compensatory leave balances.

<b>PRIMARY BENEFICIARY:</b>					
<b>Name of Beneficiary</b>	<b>Last 4 SS#</b>	<b>Birth Date</b>	<b>Relationship</b>	<b>Address of Beneficiary</b>	<b>Percentage</b>

  

<b>SECONDARY BENEFICIARY:</b>					
<b>Name of Beneficiary</b>	<b>Last 4 SS#</b>	<b>Birth Date</b>	<b>Relationship</b>	<b>Address of Beneficiary</b>	<b>Percentage</b>

Certification: I instruct my employer, in the event of my death, to pay all compensation due to me to my primary beneficiary(ies) subject to any federal or state taxes. If my primary beneficiary is not living to accept payment, my secondary beneficiary(ies) shall be paid. My estate shall receive payment if neither my primary nor my secondary beneficiary(ies) is living to accept payment.

\_\_\_\_\_  
Employee's Signature

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Date