

Employee's Name: \_\_\_\_\_ Campus-Wide ID: \_\_\_\_\_

## State of Oklahoma Outstanding Wages Beneficiary Designation

In accordance with Title 40, O.S., Section 165.3a, Oklahoma State University (OSU) 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 of OSU.

If you elect to name a beneficiary, you must complete the section below, *Outstanding Wages Beneficiary Designation Form*, and submit to OSU Benefits, 106 Whitehurst. Should you desire to change your beneficiary at some point in the future, it will be your responsibility to complete and submit to OSU Benefits, 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, OSU's 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.*

<b>Primary Beneficiary</b>	Relationship: _____		
Full Name: _____	DOB: (mm/dd/yyyy): _____		
	Social Security Number: _____		
Address: _____			
Street	City	State	Zip Code

<b>Beneficiary:</b> Primary: _____ OR Contingent: _____	Relationship: _____		
Full Name: _____	DOB: (mm/dd/yyyy): _____		
	Social Security Number: _____		
Address: _____			
Street	City	State	Zip Code

<b>Beneficiary:</b> Primary: _____ OR Contingent: _____	Relationship: _____		
Full Name: _____	DOB: (mm/dd/yyyy): _____		
	Social Security Number: _____		
Address: _____			
Street	City	State	Zip Code

<b>Beneficiary:</b> Primary: _____ OR Contingent: _____	Relationship: _____		
Full Name: _____	DOB: (mm/dd/yyyy): _____		
	Social Security Number: _____		
Address: _____			
Street	City	State	Zip Code

\_\_\_\_\_  
**PRINT EMPLOYEE FULL NAME**

\_\_\_\_\_  
**SIGNATURE OF EMPLOYEE**

\_\_\_\_\_  
**DATE**

Return original, signed form to OSU Benefits, 106 Whitehurst, and retain a copy for your records. Please keep all beneficiary information current.