The UNIVERSITY *of* OKLAHOMA
Payroll & Employee Services

905 Asp Avenue, Room 244
Norman, OK 73019
(405) 325-2961   (405) 325-0480 fax

OUTSTANDING WAGES
BENEFICIARY DESIGNATION

The University of Oklahoma 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 employed by the university.

If you choose to name a beneficiary, you must complete the form below and submit to the Payroll & Employee Services department. If you wish to *change* your beneficiary, you will need to complete and submit a *new* Outstanding Wages Designation Form. For example, if you designate your spouse and are later divorced, you may want to complete a new form.

If you designate more than one person as a primary or contingent beneficiary, the payment will be divided equally among them.

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

Contingent Beneficiary: Receives distribution <u>only</u> 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 University'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.

Employee's Name:_____ **SSN**:_____ **Employee ID**:_____

PRIMARY BENEFICIARY

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

Social Security Number: _____

Relationship: _____

Address: _____ _____ _____ _____
   Street   City   State Zip Code

**Please see the following page for additional beneficiaries and REQUIRED SIGNATURE.

The UNIVERSITY *of* OKLAHOMA
Payroll & Employee Services

905 Asp Avenue, Room 244
Norman, OK 73019
(405) 325-2961   (405) 325-0480 fax

OUTSTANDING WAGES
BENEFICIARY DESIGNATION

Continuation:

BENEFICIARY: Primary ☐   Contingent ☐

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

Social Security Number: _____

Relationship: _____

Address: _____ _____ _____ _____
             Street   City   State   Zip Code

BENEFICIARY: Primary ☐   Contingent ☐

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

Social Security Number: _____

Relationship: _____

Address: _____ _____ _____ _____
             Street   City   State   Zip Code

BENEFICIARY: Primary ☐   Contingent ☐

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

Social Security Number: _____

Relationship: _____

Address: _____ _____ _____ _____
             Street   City   State   Zip Code

BENEFICIARY: Primary ☐   Contingent ☐

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

Social Security Number: _____

Relationship: _____

Address: _____ _____ _____ _____
             Street   City   State   Zip Code

_____   _____ _____
Employee's Full Name - PLEASE PRINT   **Signature**   **Date**