

OUTSTANDING WAGES BENEFICIARY DESIGNATION

The University of Oklahoma Health Sciences Center (OUHSC) offers its employees, like all state employees, the ability designate a beneficiary to receive the employee's final check in the event of an employee's death while an employee of OUHSC.

Primary Beneficiary(ies): Receives priority distribution upon the employee's death. If multiple primary beneficiaries, the allocation percentage must total 100%.

Contingent Beneficiary(ies): Receives distribution only if the primary beneficiary(ies) is(are) deceased at the time of the employee's death. If multiple contingent beneficiaries, the allocation percentage must total 100%.

If an employee does not elect to name a beneficiary, OUHSC 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, Wages and Benefits upon Employee's Death. 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 all wages up to \$3,000.00, the maximum allowed by Oklahoma law. Any remaining wages are paid into the estate and processed through probate. Please be advised that access to the funds paid to an estate may be delayed due to the probate process.

If any of the information for the named beneficiary(ies) is incomplete or the form is not signed and dated, the entire form will be considered invalid. The form on file with the most current date supersedes any previously submitted Outstanding Wages Beneficiary Designation forms.

Submit to your campus Human Resources (HR) Office:

Oklahoma City Campus - Service Center Building, Room 118 Tulsa Campus - Schusterman Center, Administration Building 1, Room 2C11.

Employee ID: _____ Employee's Name: _____

Beneficiary Name	Primary/Contingent	Beneficiary SSN	Beneficiary DOB	Relationship	Allocation Percentage
	Primary <input type="radio"/> Contingent <input type="radio"/>				
Mailing Address					
Beneficiary Name	Primary/Contingent	Beneficiary SSN	Beneficiary DOB	Relationship	Allocation Percentage
	Primary <input type="radio"/> Contingent <input type="radio"/>				
Mailing Address					
Beneficiary Name	Primary/Contingent	Beneficiary SSN	Beneficiary DOB	Relationship	Allocation Percentage
	Primary <input type="radio"/> Contingent <input type="radio"/>				
Mailing Address					
Beneficiary Name	Primary/Contingent	Beneficiary SSN	Beneficiary DOB	Relationship	Allocation Percentage
	Primary <input type="radio"/> Contingent <input type="radio"/>				
Mailing Address					
Beneficiary Name	Primary/Contingent	Beneficiary SSN	Beneficiary DOB	Relationship	Allocation Percentage
	Primary <input type="radio"/> Contingent <input type="radio"/>				
Mailing Address					

Employee Signature: _____

Date: _____