

Employee's Name: \_\_\_\_\_

Campus Wide ID: \_\_\_\_\_

### State of Oklahoma Outstanding Wages Beneficiary Designation

Langston University 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 Langston University.

If you elect to name a beneficiary, you must complete the section below, *Outstanding Wages Beneficiary Designation Form*, and submit to the Office of Human Resources. Should you desire to change your beneficiary at some point in the future, it will be your responsibility to complete and submit to the Langston University Office of Human Resources 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, Langston University's payroll office will issue the employee's final paycheck, 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>				
Full Name: _____		DOB: (mm/dd/yyyy): _____		
Social Security Number: _____		Relationship: _____		
Address: _____				
Street		City	State	Zip Code
Telephone	Email Address		_____	

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

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

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

\_\_\_\_\_  
PRINT EMPLOYEE FULL NAME                      SIGNATURE OF EMPLOYEE                      DATE

Return original form to Langston University Human Resources, P.O. Box 1205, Langston, OK 73050 and retain a copy for your records. Please keep all beneficiary information current.