



Beneficiary Outstanding Wages Designation Form

State law (O.C.G.A. § 34-7-4) authorizes state agencies to pay a deceased employee's outstanding wages, or other monies owed to the employee by the agency, to a beneficiary designated by the employee in writing.

A beneficiary may be an organization or an individual, and a beneficiary may or may not be related to the employee. Where a designated beneficiary is under legal incapacity, the wages or other monies will be paid to the beneficiary's legal guardian.

A contingent beneficiary is someone designated to receive final wages if the primary beneficiary is unable to do so (because of death, cannot be located, etc.).

In the absence of a beneficiary or beneficiaries designated in writing, or if the beneficiary or beneficiary's guardian cannot receive payment, outstanding sums would be paid to the employee's surviving spouse. In the absence of a surviving spouse, outstanding wages would be paid to the duly qualified guardian of the employee's surviving minor child or children. If none of these payment options is available, the sums would be paid to the representative of the employee's estate. In this event, access to the funds may be delayed by the probate process. Additionally, if there is not a representative of the estate to claim the wages within one year of death, the funds will be reported to the Unclaimed Property Section of the Georgia Department of Revenue.

To designate a beneficiary (or beneficiaries) of outstanding wages, please complete this form. If you desire to change the beneficiary or beneficiaries at some point in the future, it will be your responsibility to complete and submit an updated form.

Employee Information			
1. Full Name:			
	First Name	Middle Name	Last Name
2. Other information:			
	Employee ID or last four of SSN:	Phone #:	
	Email address:		

In the event of my death, any wages or other monies due to me from the State of Georgia, [INSERT AGENCY NAME] shall be paid to the following beneficiary or beneficiaries that I hereby designate. This designation supersedes all prior designations that I have made to receive these wages and monies. I understand that if at the time of my death the below information provided for my beneficiary is not up to date that the monies will instead be paid to my surviving spouse and minor children in accordance with State law.

Primary Beneficiary

1. Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle Name	Last Name
2. Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM	DD	YYYY
3. Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street:	City/State:	Zip:
4. Contact info:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone #:	Email address:	<input type="text"/>

Contingent Beneficiary:

1. Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle Name	Last Name
2. Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM	DD	YYYY
3. Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street:	City/State:	Zip:
4. Contact info:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone #:	Email address:	<input type="text"/>

Please list your spouse and all minor (under age 18) children in case the beneficiary selected cannot receive payment.

Surviving Spouse:

1. Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle Name	Last Name
2. Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM	DD	YYYY
4 Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street:	City/State:	Zip:
5. Contact info:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone #:	Email address:	<input type="text"/>

Child/Children's Information

1. Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle Name	Last Name
2. Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM	DD	YYYY
4 Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street:	City/State:	Zip:
5. Contact info:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone #:

Email address:

The beneficiary form on file with the most current date supersedes any previously submitted Wage Beneficiary Designation Forms.

Employee's Signature

Date

