SAO
STATE ACCOUNTING OFFICE

Outstanding Wages and Other Monies Beneficiary Election

EMPLOYEE NAME: _____ **EMPLOYEE ID** _____

Official code of Georgia Annotated Section 34-7-4, provides that, in the event of a employee's death all outstanding wages and other monies owed to the employee by their agency be paid to any beneficiary so designated in writing, provided that the specified beneficiary is not legally prohibited or incapacitated from receiving such sums. If you have not filed a written beneficiary designation with the Department, the law provides that the outstanding wages and any other monies are payable upon your death as follows:

(1) First, to your surviving spouse
(2) Second, in the absence of a spouse, to the duly qualified guardian of your surviving minor child or children

NOTES:
Legally Prohibited: Individuals excluded by Law from receiving payment upon your death; (e.g., individual who intentionally causes your death to receive a profit as a beneficiary).

Legally Incapacitated: Individuals proclaimed by Law or judicial order as not being mentally capable of handling his/her affairs.

A beneficiary may be an organization or an individual and does not have to be related to you. In the event that a beneficiary has been designated in writing and such beneficiary is under legal incapacity, then all wages and monies will be made payable to the duly qualified guardian.

Please complete the following information if you wish to designate a beneficiary:

In the event of my death, any wages or other monies due me from the agency shall be paid to the following individual that I hereby designate as my beneficiary for this purpose. This designation supersedes all prior designations that I have made to receive these wages and monies.

PRIMARY BENEFICIARY:

_____ *** - ** - _____

LAST NAME **FIRST NAME** **SOCIAL SECURITY NUMBER (Last four digits only)**

CONTINGENT BENEFICIARY:

_____ *** - ** - _____

LAST NAME **FIRST NAME** **SOCIAL SECURITY NUMBER (Last four digits only)**

Employee Signature: _____ **DATE:** _____