



## **DESIGNATION FOR OUTSTANDING WAGE PAYMENTS**

***IMPORTANT! Read Instructions on Reverse Side Before Completing This Form***

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EMPLOYEE'S DESIGNATION OF BENEFICIARY TO RECEIVE ANY  
OUTSTANDING WAGES OR OTHER MONIES UPON THE EMPLOYEE'S DEATH

\*\*In the event that upon my death I have wages or monies due me from the State of Georgia, *Savannah Technical College*, by this statement I authorize all such sums to be paid to the following individual whom I hereby designate as my beneficiary of any such sums:

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Employee's Printed Name

Social Security Number

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Employee's Signature

Date

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### **A: BENEFICIARY**

*Please Provide the following information (all sections **must** be completed):*

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Name of Beneficiary (Please Print)

Social Security Number

( )

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Street Address (City, State, Zip Code)

Telephone Number

Note: Where the above beneficiary is under a legal incapacity to receive such sums, please indicate the name and address of the duly qualified guardian of the beneficiary.

### **B: DULY QUALIFIED GUARDIAN**

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Name of Guardian

Social Security Number

( )

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Street Address (City, State, Zip Code)

Telephone Number

**\*\*NOTE: IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO FURNISH AND MAINTAIN CURRENT BENEFICIARY INFORMATION.**



## ***DESIGNATION FOR OUTSTANDING WAGE PAYMENTS***

Chapter 7 of Title 34 of the Official Code of Georgia, Annotated, as amended, provides for the payment of a deceased employee's outstanding wages or other monies **either** to a designated beneficiary **or** to a surviving spouse. In the absence of a surviving spouse, outstanding wages would then be paid to the employee's surviving minor child or children.

The following information is presented to help you decide and properly designate the recipient of any outstanding wages of yours.

### **DESIGNATING A BENEFICIARY:**

- A. Where a beneficiary is designated, he/she will be the ***primary*** recipient of outstanding wages over any other individual.
- B. A beneficiary may be an organization or may be an individual. An individual designated as a beneficiary may or may not be related to you.
- C. Where the designated beneficiary is under a legal incapacity that will act to prevent the beneficiary from directly receiving the outstanding wages, you must indicate in the appropriate area the name, social security number, complete address and telephone number of the duly qualified guardian of the beneficiary.

In compliance with the above referenced law, you are requested to complete this form and submit it to your Human Resources Office for inclusion in your official personnel file. **Please be aware that the most current (date received in Human Resources) "Savannah Technical College Designation for Outstanding Wage Payments" form will supersede any previous beneficiary designations on file.**

Any sums payable under this Code Section may be paid pursuant to the designation made by the employee to a beneficiary, or to the employee's spouse, or to the employee's minor child or children. **It is the responsibility of the employee to furnish and maintain current beneficiary information.**

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**WHEN CLAIMING OUTSTANDING WAGES**, it is the responsibility of the individual designated to receive any outstanding wages to present to the Human Resources Office a copy of the death certificate of the deceased employee.