



**GEORGIA VOCATIONAL REHABILITATION AGENCY
 DESIGNATION FOR OUTSTANDING WAGE PAYMENTS
 IMPORTANT!! Please Read Instructions on Reverse Side Before Completing This Form.**

EMPLOYEE'S DESIGNATION OF BENEFICIARY

To Receive Any Outstanding Wages or Other Moneys upon the Employee's Death
 * In the event that upon my death I have wages or other moneys due me from the State of Georgia, Georgia Vocational Rehabilitation Agency, 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:

Employee's Signature		SSN:	
Employee's Name		Date	
(please print)			

BENEFICIARY - Please provide the following information:

Beneficiary's Name		SSN:	
Address		Phone:	
City State Zip			

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

DULY QUALIFIED GUARDIAN

Guardian's Name		SSN:	
Address		Phone:	
City State Zip			

SURVIVING SPOUSE OR SURVIVING MINOR CHILDREN

To Receive Any Outstanding Wages or Other Moneys upon the Employee's Death
 * In the event that upon my death I have wages or other moneys due me from the State of Georgia, Georgia Vocational Rehabilitation Agency, and in the absence of a designated beneficiary, by this statement, I authorize all such sums to be paid to my surviving spouse and in the absence of a surviving spouse, I authorize all such sums to be paid to the duly qualified guardian of my surviving minor child or children:

Employee's Signature		SSN:	
Employee's Name		Date:	
(please print)			

SPOUSE - Please provide the following information:

Spouse's Name		SSN:	
Address		Phone:	
City State Zip			

MINOR CHILD OR CHILDREN

Child's/Children's Name(s):		SSN:	
Address		Phone	
City State Zip			

NOTE: Please indicate, if known, the name and address of the duly qualified guardian.

DULY QUALIFIED GUARDIAN

Guardian's Name(s)		SSN:	
Address		Phone:	
City State Zip			

NOTE: It is the responsibility of the employee to furnish and to keep this information current!!

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 moneys **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.

1 - 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 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, please indicate in the appropriate area, the name and address of the duly qualified guardian of the beneficiary.
- d. For GVRA record-keeping purposes, where a beneficiary has been designated but you also have a wife and a minor child or children, please give the requested information in the appropriate spaces in section 2.

NOTE: If at the time of your death the designated beneficiary cannot receive your outstanding wages, these wages will then pass to your surviving spouse, and in the absence of a surviving spouse, to a minor child or children.

2 - Designating a Surviving Spouse or Surviving Minor Children

- a. The law provides that if at the time of your death you have outstanding wages and you have not designated a beneficiary of your wages, any outstanding wages must first go to your surviving spouse. In the absence of a surviving spouse at the time of your death, your wages will pass to your surviving minor child or children. A minor child is age 18 years or under.
- b. If your minor child (or children) has a duly qualified guardian (other than yourself), please indicate in the appropriate area, the name and address of the individual.

In compliance with the above referenced law, you are requested to complete the *DESIGNATION FOR OUTSTANDING WAGES* form on the reverse side of this sheet and submit it as soon as possible to your supervisor. The form will be forwarded through appropriate channels for inclusion in your official GVRA personnel file. **Please be aware that beneficiary designations listed in section 1 will supersede any previous beneficiary designations which you have made.**

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 keep any such information and designation current.**

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

This completed form is to be maintained in the official personnel file.