

**Oklahoma Panhandle State University  
Goodwell, OK 73939  
Outstanding Wages Beneficiary Designation**

Oklahoma Panhandle State 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 Oklahoma Panhandle State University.

If you elect to name a beneficiary, you must complete the section below, Outstanding Wages Beneficiary Designation Form, at the time of your employment and submit to Human Resources along with all of your new hire paperwork. Should you desire to change your beneficiary at some point in the future, it will be your responsibility to complete and submit to 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, OPSU's payroll office will issue the employee's final paycheck, including any pay for unused annual/vacation leave, 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.*

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**Oklahoma Panhandle State University  
Outstanding Wages Beneficiary Designation Form**

**Employee's Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Primary Beneficiary:**

Full Name: \_\_\_\_\_ DOB: (mm/dd/yyyy): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

**Beneficiary:** Primary: \_\_\_\_\_ **OR** Contingent: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: (mm/dd/yyyy): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

**Please see page 2 for additional beneficiaries and REQUIRED SIGNATURE.**

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Outstanding Wages Beneficiary Designation Form**

**CONTINUATION PAGE**

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

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

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

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

Return original form to OPSU Human Resources personnel and retain a copy for your records. Please keep all beneficiary information current.