



Office of Human Resources

DESIGNATION OF BENEFICIARY

Employee

Last Name: _____ First Name: _____ SSN: _____

Beneficiary

In accordance with the Austin Peay State University Benefit In the Event of an Employee Death Policy 5:006 to disburse final compensation of wages and benefits in the event of employee death, I hereby designate the beneficiary(ies) listed below:

Wages

Individual/Estate Name: _____ Birthdate: _____ SSN: _____ Relationship: _____

Address: _____
Street/Apt # City State ZIP Code

Annual Leave, Sick Leave and Compensatory Time is not applicable for temporary, adjunct, or student employees.

Use the beneficiary designated in the Wages section for Annual Leave, Sick Leave and Compensatory Time

Annual Leave

Individual/Estate Name: _____ Birthdate: _____ SSN: _____ Relationship: _____

Address: _____
Street/Apt # City State ZIP Code

Sick Leave

Individual/Estate Name: _____ Birthdate: _____ SSN: _____ Relationship: _____

Address: _____
Street/Apt # City State ZIP Code

Compensatory Time

Individual/Estate Name: _____ Birthdate: _____ SSN: _____ Relationship: _____

Address: _____
Street/Apt # City State ZIP Code

Signature

I, the employee, revoke any previous beneficiary nominations and direct that the foregoing designations supersede any previously filed.

Employee Signature: _____ Date: _____