MIAMI-DADE COUNTY

Delivering Excellence Every Day

LAST WAGES AND OTHER EARNINGS/MONIES DUE UPON DEATH BENEFICIARY DESIGNATION

EMPLOYEE NAME: _____

COUNTY ID# _____

I choose to have my last wages, accumulated leave, compensatory time and other earnings/monies due to me upon death paid as designated in either option 1 **OR** 2 below (except Death Benefits - for which you should complete the Death Benefit Beneficiary Designation form, handled separately by the Human Resources Department-Benefits Section). PLEASE CHOOSE ONLY **ONE** OPTION.

1 ____ I choose to have these earnings/monies paid in accordance with **222.15 Florida Statutes**, as follows:

"It is lawful for any employer, in case of the death of an employee, to pay to the wife or husband, and in case there is no wife or husband, then to the child or children, provided the child or children are over the age of 18 years, and in case there is no child or children, then to the father or mother, any wages or travel expenses that may be due such employee at the time of his or her death".

OR

2 ____ I choose to have these earnings/monies paid to the designated beneficiary(ies) listed below. If any primary beneficiary should pre-decease me, the benefits due will be paid to the remaining primary beneficiary(ies) in a prorated amount based on my designated percentages. **Contingent beneficiaries are optional and will only be paid if ALL primary beneficiaries have pre-deceased me.**

* All primary beneficiary percentages must be in whole percents and must total 100%.

	Primary Beneficiary's Name	Social Security No.	Date of Birth	Percentage *	Relationship
1					
2					
3					
			Total =	100%	

	Primary Beneficiary's Street Address	City, State, Zip Code
1		
2		
3		

** All contingent beneficiary percentages must be in whole percents and must total 100%.

	Contingent Beneficiary's Name	Social Security No.	Date of Birth	Percentage **	Relationship
1					
2					
			Total =	100%	

	Contingent Beneficiary's Street Address	City, State, Zip Code
1		
2		

NOTE: CONTINUE BENEFICIARY LISTING ON REVERSE SIDE IF NECESSARY. IF THERE IS A CONTINUATION, CHECK THIS BOX. ☐

IN THE EVENT YOU WISH TO CHANGE YOUR BENEFICIARIES, IT IS YOUR RESPONSIBILITY TO UPDATE TIMELY.

Employee's Signature _____

Date ____/____/____