

## Oklahoma Department of Rehabilitation Services Outstanding Wages Beneficiary Designation

### Instructions to Staff

The Department of Rehabilitation Services (DRS) 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 the DRS.

If you elect to name a beneficiary, you must complete the section below, Outstanding Wages Beneficiary Designation Form.

New Employees – Submit the form to the DRS Human Resources Unit along with all of your new hire paperwork.

Current DRS Employees –Options to submit the form are listed on the form below.

Should you desire to change your beneficiary at some point in the future, it will be your responsibility to complete and submit to DRS Payroll 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(s) are deceased at the time of the employee's death.

Disclaimer:

***If an employee does not elect to name a beneficiary, DRS 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 of your paycheck 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.***

**Oklahoma Department of Rehabilitation Services  
Outstanding Wages Beneficiary Designation Form**

Employee's Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

**Primary Beneficiary:**

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
PRINT EMPLOYEE FULL NAME

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

**Mail, Fax, or Scan form to DRS Payroll, Leave & Retirement Unit (Retain a copy for your records)**

Mailing address: 3535 NW 58<sup>TH</sup> SUITE 500 OKC, OK 73112

Fax: 405.951.3563

Email: payroll@okdrs.gov

Please keep all beneficiary information current.