

The University of Tennessee
DESIGNATION OF BENEFICIARY
(for Policy HR0307, Benefit in the Event of an Employee Death)

The University of Tennessee provides benefits in the event of an employee death in accordance with Policy HR0307. An employee may use this form to designate a beneficiary to receive payment for all benefits (which may include, depending on eligibility, unpaid payroll, annual and/or sick leave, and one month's salary) paid by the University in accordance with this policy. If a beneficiary is not designated, an amount up to \$10,000 of this benefit may be paid directly to a surviving spouse or, if no surviving spouse, to the surviving children, in compliance with Tennessee law. Any amount above \$10,000 will be paid to the administrator/ executor of the estate of the deceased University employee. The University will require proper proof of identification and authorization prior to paying benefits pursuant to Policy HR0307. This beneficiary designation is revocable at any time by completing and submitting a properly executed form to the campus/unit human resources office that will automatically cancel any previous designation.

In accordance with this procedure, I hereby designate the following beneficiary(ies) to receive any applicable benefit payment from the University upon my death. (If selecting multiple beneficiaries, each must be named and listed individually on the reverse side.)

Needs to be notarized

EMPLOYEE NAME: _____
(Please print)

UT Personnel Number: _____

Signature: _____ Date: _____

Social Security Number: _____

BENEFICIARY

NAME OF BENEFICIARY: _____

Beneficiary's address: _____

Beneficiary's SSN or other tax ID#: _____

Beneficiary's relationship to you: _____

Check if additional co-beneficiaries are listed on reverse side.

Contingent
Signature of Witness* _____

(*Must be signed in the presence of and witnessed by a Human Resources Representative or Notary Public.)

My Commission expires:

Forward original to your campus/unit human resources office.

(OVER)

CO-BENEFICIARIES
(Must name and list separately)

NAME

ADDRESS

SS# OR OTHER TAX ID#

_____ % _____

_____ % _____

Contingents / Secondary

_____ % _____

_____ % _____

_____ % _____