



● Designation of Outstanding Wage Payments

Chapter 7 of Title 34 of the Official Code of Georgia, Annotated, as amended, provides for the payment of a deceased employee's outstanding wages or other moneys EITHER to a designated beneficiary OR to a surviving spouse. In the absence of a surviving spouse, outstanding wages would then be paid to the employee's surviving minor child or children.

1. Designating a Beneficiary

- a. Where a beneficiary is designated, he or she will be the **primary** recipient of outstanding wages over any other individual.
- b. A beneficiary may be an organization or an individual, and as a beneficiary may or may not be related to you.
- c. Where the designated beneficiary is under legal incapacity that will act to prevent the beneficiary from directly receiving the outstanding wages, indicate in the appropriate area, the name and address of the duly qualified guardian of the beneficiary.
- d. For DTAE record keeping purposes, where a beneficiary has been designated but you also have a wife and a minor child or children, please give the requested information in the appropriate spaces of Section II. *Note: If at the time of your death the designated beneficiary cannot receive your outstanding wages, these wages will then pass to your surviving spouse, and/or to a minor child or children.*

2. Designating a Surviving Spouse or Surviving Minor Children

- a. The law provides that if at the time of your death you have outstanding wages and you have not designated a beneficiary of your wages, any outstanding wages must first go to your surviving spouse. In the absence of a surviving spouse at the time of your death, your wages will pass to your surviving minor child or children. (*A minor child is age 18 years or under.*)
- b. If your minor child or children has a duly qualified guardian (other than yourself), please indicate in the appropriate area the name and address of this individual.

3. Claiming Outstanding Wages

- a. It is the responsibility of the individual designated to receive any outstanding wages to present to the Office of Human Resources a copy of the deceased employee's death certificate.
- b. In compliance with the above referenced law, you are requested to complete the attached form and submit it as soon as possible to the OHR for inclusion in your official Athens Technical College personnel file. **Please be aware that beneficiary designations listed in Section I will supersede any previous beneficiary designations which you have made.**
- c. Any sums payable under this Code Section may be paid pursuant to the designation made by the employee to a beneficiary, or to the employee's spouse, or to the employee's minor child or children. **It is the responsibility of the employee to furnish and keep any such information and designation current.**



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Section I

Surviving Spouse or Surviving Minor Children are to receive any outstanding wages or other monies upon the employee's death. In the event that upon my death I have wages or other monies due to me from the State of Georgia, Department of Technical and Adult Education, by this statement I authorize all such sums to be paid to the following individual whom I designate as my beneficiary of any such sums:

Employee

Employee's Name		Social Security Number
Signature		Date

Primary Beneficiary

Name of Beneficiary		Social Security Number
Address of Beneficiary		Beneficiary Telephone Number
Where the above beneficiary is under a legal incapacity to receive such sums, please indicate below a dually qualified guardian of the beneficiary.		

Section II

Dually Qualified Guardian

Name of Guardian		Social Security Number
Address of Guardian		Guardian Telephone Number
In the event that upon my death I have wages or other monies due me from the State of Georgia, Department of Technical & Adult Education, AND in the absence of a designated beneficiary, I authorize all such sums to be paid to my surviving spouse AND in the absence of a surviving spouse, I authorize all sums to be paid to the duly qualified guardian of my surviving minor child/children.		
Spouse		
Name of Spouse		Social Security Number (Spouse)
Address of Spouse		Telephone Number (Spouse)
Child/Children		
Name of Child		Social Security Number (Child)
Address of Child		Telephone Number (Child)
If additional space is needed for additional children, please attach information to this form.		