



Department of Human Resources – Agency Resource Center

BENEFICIARY DESIGNATION FOR LEAVE BALANCES AND LAST WAGES

Part I: EMPLOYEE INFORMATION

Name: _____ Social Security Number: _____
Employee Edison I.D. Number: _____

Part II: BENEFICIARY DESIGNATION FOR PAYMENT OF ANNUAL, SICK, AND COMPENSATORY LEAVE BALANCES

I, _____, Pursuant to TCA 8-50-808, designate the person or persons listed below to receive, upon my death, a lump sum payment for any annual, sick, or compensatory leave balances.

(Employee Signature) _____ (Date)

Leave Balance Beneficiary Information (If additional space is needed please attach a second page).

Name (First, Middle, Last)	Phone #	Address	Relationship	Sex	Birth Date	Social Security #

Part III: BENEFICIARY DESIGNATION FOR PAYMENT OF LAST WAGES

I, _____, designate the person or persons listed below to receive, upon my death, a lump sum payment for any last wages. I understand a spouse is a required beneficiary to receive 100% of my last wages. If I do not have a spouse, any living children are required beneficiaries at equal percentages. If I do not have a spouse nor children, my last wages must be left to my estate.

(Employee Signature) _____ (Date)

Last Wages Beneficiary Information (If additional space is needed please attach a second page).

Name (First, Middle, Last)	Phone #	Address	Relationship	Sex	Birth Date	Social Security #