

Employee's Designation of Beneficiary Under Government Code Section 53245*

Please complete this form and return the original to the Human Resource Services Division, Room 1241. Please type or print clearly.

Personal Information			
Name (Last, First, Middle)	Social Security #	Employee ID #	<input type="checkbox"/> Certificated <input type="checkbox"/> Classified
Address		Phone	

Primary Beneficiary		
Name (Last, First, Middle)	Birthdate (mm/dd/yy)	Relationship
Address (Number, Street, City, State, Zip)		Social Security #

Alternate Beneficiary		
Name (Last, First, Middle)	Birthdate (mm/dd/yy)	Relationship
Address (Number, Street, City, State, Zip)		Social Security #

I understand that it is my responsibility to keep this designation current, and further, I understand that this designation is in addition to and separate from the beneficiary designation filed with the State Teachers Retirement System, the Public Employees Retirement System, or in any other will, codicils or like documents.

Signature: _____

Date: _____

*Government Code Section 53245

"Any person now or thereafter employed by a county, city, municipal corporation, district or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he/she survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who received a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee."