

Bitterroot Valley Community College
DESIGNATION OF PERSON TO RECEIVE DECEDENT'S WARRANTS

INSTRUCTIONS TO EMPLOYEE – THIS IS A LEGALLY BINDING DOCUMENT

1. Complete this form in ink.
2. Provide the designee's full name ("Mary Jane Smith" not Mrs. John E. Smith); provide designee's social security number and date of birth; provide designee's relationship to you (mother, wife, daughter, friend, etc.).
3. Erasures or corrections may not be made in the designee's name. If an error is made, complete a new form.
4. Sign original in ink. Submit original with hiring paperwork. Keep a copy for your records.
5. You may change your designee at any time by filing a new designation form with human resources.
6. You may revoke your designation at any time by submitting a letter signed by you to human resources.
7. Inform human resources when a change occurs in your designee's address.

EMPLOYEE	NAME: FIRST				MIDDLE		LAST		SOCIAL SECURITY NUMBER	
	STREET ADDRESS				CITY		STATE		ZIP	

DESIGNEE	I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all Bitterroot Valley Community College warrants, excluding warrants for payment of death benefits and refund of employee retirement contribution, that would have been payable to me as a result of my employment with Bitterroot Valley Community College had I survived.										
	NAME: FIRST		MIDDLE		LAST		SOCIAL SECURITY NUMBER			DOB	
	RELATIONSHIP		STREET ADDRESS			CITY		STATE		ZIP	

STIPULATION	I hereby revoke any previous designation filed by me.									
	If the above-named designee cannot be contacted within sixty (60) days after the date of my death, this designation shall be void.									
	This designation will remain in full force and effect during my employment with Bitterroot Valley Community College until revoked in writing by me. This designation will automatically terminate on the date final payment is received as the result of said employment.									
EMPLOYEE SIGNATURE: _____ DATE: _____										

INSTRUCTIONS TO HUMAN RESOURCES

1. Review prepared form for proper completion.
2. Upon decease of employee, date and sign below. Certifying officer is the director of human resources.
3. Forward a copy of the form with all unnegotiated warrants to the fiscal operations office. The fiscal operations office will re-issue all warrants due decedent in the name of designee. Upon sufficient proof of identification, fiscal operations office will deliver all warrants to designee at which time this form is void.

HUMAN RESOURCES USE ONLY

DATE DECEASED: _____ CERTIFYING OFFICER: _____

DISTRIBUTION: File in employee's confidential personnel file. In the event of employee's death while in active status, complete Human Resources Use Only section and forward copy to fiscal operations office.