

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.)*

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.

Signature of Witness\* \_\_\_\_\_

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

Forward original to your campus/unit human resources office.

**(OVER)**

**CO-BENEFICIARIES**  
(Must name and list separately)

NAME	ADDRESS	SS# OR OTHER TAX ID#
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