



JUDITH T. WON PAT, Ed.D.,
Superintendent of Education

**DEPARTMENT OF EDUCATION
HUMAN RESOURCES DIVISION**

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KATHERINE M.P. ADA
Personnel Services
Administrator

SURVIVOR BENEFIT DESIGNATION

In order to facilitate the settlement of the accounts of deceased employees, money due an employee at the time of death shall be paid to the person or persons surviving at the time of death, in the following order of precedence and payment bars recovery by another person of amounts so paid:

FIRST, to the beneficiary or beneficiaries designated by the employee in writing received by the employing department or agency before his death.

SECOND, if there is no designated beneficiary, to the widow or widower of the employee.

THIRD, if none of the above, to the child or children of the employee and descendants of deceased children by representation.

FOURTH, if none of the above, to the duly appointed legal representative of the estate of the employee.

Definition of survivor or survivors is one who survives another; one who outlives another; one who lives beyond some happening; one or two or more persons who lives after the death of the other or others.

The word "Survivors", however, in connection with the power of one or two trustees to act, is used not only with reference to a condition arising where one of such trustees dies, but also as indicating a trustee who continues to administer the trust after his co-trustee is disqualified, has been removed, renounces, or refuses to act.

* * * * *

Pursuant to the provisions of Public Law 12-47, approved October 19, 1973, I hereby designate the hereinafter named as survivor of any amount of pay not delivered to me during my lifetime which may become refundable to me upon my death and for accumulated unused annual and sick leave converted to cash and credited to my account with the Government of Guam and hereby authorize, empower and direct my employer, Government of Guam, to make payment.

Employee Name _____

Position Title _____

Mailing Address _____

P.O. Box _____ City _____ State _____ Zip Code _____

ELECT OPTION 1 - If your intentions are to designate ONLY ONE survivor

| SURVIVOR | ADDRESS | TELEPHONE NO. | DATE OF BIRTH | RELATIONSHIP |
|----------|---------|---------------|---------------|--------------|
| | | | | |

ELECT OPTION 2 - If your intentions are to designate MORE THAN ONE survivor

| SURVIVOR | ADDRESS | TELEPHONE NO. | DATE OF BIRTH | RELATIONSHIP |
|----------|---------|---------------|---------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Employee's Signature _____

Date _____

Signature of HRD Staff or Authorized Rep. _____

Date _____