

MISSOULA COUNTY DEPARTMENT OF HUMAN RESOURCES

DESIGNATION OF PERSON TO RECEIVE DECEDENT'S WARRANTS

INSTRUCTIONS TO EMPLOYEE

- 1. This form is a legally binding document.
2. Show relationship of person being designated.
3. If an error has been made in the writing of designee's name, please complete a new form.
4. Sign in ink. Submit to Human Resources Office.
5. You may change designation at any time by filing a new designation with the Human Resources Office.
6. You may revoke designation at any time by submitting a letter signed by you.
7. Inform Human Resources when a change in designee's address occurs.

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

DESIGNATION
Pursuant to Section 7-4-2521, MCA, I hereby designate the following person who notwithstanding any other provision of law, shall be entitled upon my death to receive all Missoula County 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 Missoula County had I survived.

DESIGNATION
NAME: FIRST MIDDLE LAST SOCIAL SECURITY NUMBER AGE
RELATIONSHIP STREET ADDRESS CITY STATE ZIP

REVOKE
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 Missoula County until revoked in writing by me. This designation will automatically terminate on the date final payment is received as the result of said employment.
SIGNATURE: DATE:

INSTRUCTIONS TO HUMAN RESOURCES OFFICE

- 1. Review prepared form for proper completion.
2. Upon decease of employee, date and sign at bottom right. Certifying Officer is the Director of Human Resources.
3. Forward copy of the form with all unnegotiated warrants to the County Auditor's Office. County Clerk & Recorder shall re-issue all warrants due decedent in the name of designated person. Upon sufficient proof of identification, Auditor will deliver all warrants to Designee at which time this form is void.

PERSONNEL OFFICE 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 Office Use Only section and forward photocopy to Auditor.