

BENEFICIARY AFFIDAVIT

STATE OF _____ COUNTY OF _____

Please print or type the following information:

On this day, personally appeared before me, the undersigned authority, the following named _____ who first being duly

(Name of undersigned relative, personal representative, ect.)

sworn depose(s) and say(s) that _____ died on the

(Name of deceased employee)

_____ day of _____ 20____, and at the time of his/her death was an employee of the University of Florida.

Affidavit(s) further state(s) that he/she, as shown below, is either the surviving beneficiary or the legal representative of the deceased and that the person or persons identified in item 1, 2, 3, 4, or 5 is due any salary, travel expense, or other amounts legally due to the deceased by the State of Florida at the time of his/her death, as provided by section 222.15, Florida Statutes reproduced below.

PLEASE COMPLETE THE FOLLOWING OPTIONS

() Spouse

Name _____ Social Security Number _____ Phone Number _____

Address _____

() Children (Note: If there are more than 3 children, attach additional affidavits/documentation)

Name _____ Social Security Number _____ Phone Number _____

Address _____

Name _____ Social Security Number _____ Phone Number _____

Address _____

Name _____ Social Security Number _____ Phone Number _____

Address _____

() Mother

Name _____ Social Security Number _____ Phone Number _____

Address _____

() Father

Name _____ Social Security Number _____ Phone Number _____

Address _____

() Legal Representative (Please complete this option only if there is no surviving spouse, child(ren), mother or father.)

Name _____ Social Security Number _____ Phone Number _____

Address _____ Taxpayer Identification Number _____

(Signature of Relative or Personal Representative)

SWORN TO AND SUBSCRIBED BEFORE

ME THIS _____ DAY OF _____, 20____

(SEAL)

Address _____

NOTARY PUBLIC

STATE OF _____ AT LARGE

MY COMMISSION EXPIRES: _____

Section 222.15, Florida Statutes-Wages or unemployment compensation payments due deceased employee may be paid spouse or certain relatives. (1) It is lawful for any employer, in case of the death of an employee, to pay to the wife or husband, and in case there is no wife or husband, then to the child or children, provided the child or children are over the age of 18 years, and in case there is no child or children, then to the father or mother, any wages or travel expenses that may be due such employee at the time of his or her death.

Return original form to: **Leave Administration, University of Florida, 903 West University Ave, Gainesville, FL 32601-5117**