



# Designation of Beneficiary for Deceased Employees

**GOVERNMENT CODE SECTION 53245:** Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with their appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all (authorized pay warrants or checks that would have been payable to the decedent had they survived.) The employee may change the designation from time to-time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the designee. A person who receives a warrant or check pursuant to this Section is entitled to negotiate it as if they were the employee.

## DESIGNATION OF BENEFICIARY PAY WARRANT

As provided in California Government Code Section 53245, in the event of my death, I hereby designate the following person to receive all warrants or checks that will be payable to me from the Chabot-Las Positas Community College District.

Name of Designee: \_\_\_\_\_  
Soc. Sec. Number: \_\_\_\_\_  
Contact Number(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In the event that the person indicated above predeceases me, I hereby designate the following person as a secondary beneficiary:

Name of Secondary Designee: \_\_\_\_\_  
Soc. Sec. Number: \_\_\_\_\_  
Contact Number(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in writing. On sufficient proof of identity, the appointing power shall release the warrants or checks to the above designee. The designee who receives a warrant or check is entitled to negotiate it as if the employee.

Print Your Name: \_\_\_\_\_  
Your W or Soc. Sec. Number: \_\_\_\_\_

Employee's Signature

Date

**NOTE: IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT YOUR DESIGNATION OF BENEFICIARY.**

Return form to: CLPCCD Payroll Services, 7600 Dublin Boulevard, 3<sup>rd</sup> Floor, Dublin CA 94568, (925) 485-5286 [FAX]