



K. Erik Swanson, PhD  
Superintendent of Education

## DEPARTMENT OF EDUCATION HUMAN RESOURCES DIVISION

501 Mariner Avenue  
Barrigada, Guam 96913



Katherine M.P. Ada  
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