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BENEFICIARY DESIGNATION AND NOTICE FOR RE-PAYMENT OF WAGES  
UPON THE DEATH OF EMPLOYEE

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

I understand that if I die while employed by Peach County School District, any wages due to me from the School District at the time of my death will be paid as pursuant to Georgia law as follows:

1. Up to \$2,5000.00 will be paid in the following order:
  - a. In the absence of a beneficiary designated by me in writing, to my surviving spouse.
  - b. In the absence of a beneficiary designated by me in writing and a surviving spouse, to The duly appointed guardian of any minor child or children who survive me.
2. The balance of any sums due to me over and above \$2,500.00 will be paid to the duly appointed and qualified executor or administrator of my estate.

I understand that "duly qualified" means in the case of a guardian of my children or the executor or administrator of my estate, that such person has been so qualified by an order of the Probate Court.

I do not desire to designate a beneficiary in writing.

I do desire to designate a beneficiary in writing as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_