

# University of Florida Beneficiary Affidavit

County: \_\_\_\_\_ State: \_\_\_\_\_

**Please print or type the following information:**

On this day, personally appeared before me, the undersigned authority, the following named \_\_\_\_\_ who first being duly sworn depose(s) and say(s) that

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

\_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ ,  
(Name of deceased employee)

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

1)	<input type="checkbox"/> <b>Spouse</b>		
	Name:		Social Security Number
	Address:		
2)	<input type="checkbox"/> <b>Children</b> (Note If there are more than 3 children, attach additional affidavits/documentation)		
	Name:		Social Security Number
	Address:		
	Name:		Social Security Number
	Address:		
	Name:		Social Security Number
	Address:		
3)	<input type="checkbox"/> <b>Mother</b>		
	Name:		Social Security Number
	Address:		
4)	<input type="checkbox"/> <b>Father</b>		
	Name:		Social Security Number
	Address:		
5)	<input type="checkbox"/> <b>Legal Representative</b> (Please complete this option only if there is no surviving spouse, child(ren), mother or father.)		
	Name:		Social Security Number
	Address:		
	Taxpayer Identification Number:		

SWORN TO AND SUBSCRIBED BEFORE

ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ , 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of relative or personal representative

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

(SEAL)

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 form to: Payroll Services, PO Box 113201, 33 Tigert Hall