



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 sworn depose(s) and says(s) that (name of undersigned relative, personal representative, or legal representative) _____ died on the _____ day of _____, 20____. (name of deceased employee) and at the time of his/her death was an employee of _____, State of Florida. (Name of State Agency)

Affiant(s) further states that he/she, as shown below is either the surviving beneficiary or personal representative or legal representative of the deceased and that the person or persons identified in item 1, 2, 3, 4, 5 or 6 is due any salary, travel expense, or other amounts legally due 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. () Spouse:
 Name: _____ Social Security Number: _____
 Address: _____ Phone: _____

2. () Children: **(Note: Each child over the age of 18 must complete and submit a separate affidavit.)**
 Name: _____ Social Security Number: _____
 Address: _____ Phone: _____
 Date of Birth: _____ (Attach a copy of valid birth certificate.)

3. () Mother:
 Name: _____ Social Security Number: _____
 Address: _____ Phone: _____

4. () Father:
 Name: _____ Social Security Number: _____
 Address: _____ Phone: _____

5. () Personal Representative:
(Please complete this option only if there is no surviving spouse, child(ren), mother or father.)
 Name: _____ Social Security Number: _____
 Address: _____ Phone: _____
 Taxpayer Identification Number: _____

Attach a copy of the Court Order Appointing Personal Representative

6. () Legal Representative:
 (a) Durable Power of Attorney:
 Name of Principal: _____ Social Security Number: _____
 Address of Principal: _____ Phone: _____
 Name of Agent: _____ Social Security Number: _____
 Address of Agent: _____ Phone: _____

Attach a copy of a valid, effective Durable Power of Attorney for Adult that complies with Chapter 709, Florida Statutes.

(b) Guardian of Adult:

Name of Guardian: _____ Social Security Number: _____

Address of Guardian: _____ Phone: _____

Name of Ward: _____ Social Security Number: _____

Address of Ward: _____ Phone: _____

Attach a copy of a Court Order appointing Guardian of Adult

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME

by means of physical presence or online notarization, this _____ day of _____, 20____

Signature of Affiant

Address _____

NOTARY PUBLIC

Signature of Affiant

STATE OF _____ AT LARGE Address _____

MY COMMISSION EXPIRES: _____

Personally Known or Produced Identification; Type of identification produced: _____

Section 222.15 (1), Florida Statutes-Wages or unemployment compensation payments due deceased employee may be paid spouse or certain relatives. 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 traveling expenses that may be due such employee at time of his death.