

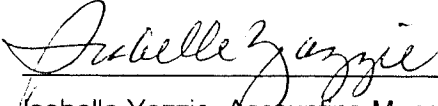
Mr. Ben Shelly
President



Mr. Rex Lee Jim
Vice-President

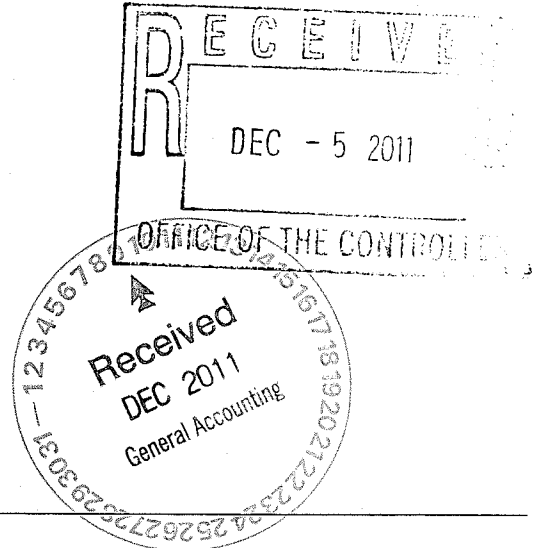
Memo

To: Navajo Nation Supervisor/Employee

From: 
Isabelle Yazzie, Accounting Manager
Payroll Section / Office of the Controller

Date: 12/5/2011

Re: Beneficiary Designation Form



This memorandum will serve to notify you of the Navajo Nation Finance Services Department's initiative to resolve an ongoing-issue of who should receive the final paycheck, annual leave payoff and/or travel reimbursements of a Navajo Nation employee who has become afflicted with a serious disability which impedes their capability to make appropriate decisions or has deceased during his/her employment. When this untimely departure occurs there are times when a beneficiary has not been determined which has put some financial staff in an uncomfortable position with the employee's family members.


The attached form is intended to be utilized in accordance with Navajo Nation Personnel Policies Manual, Section XV, H, 3; which reads "The Supervisor shall take reasonable steps to assure that arrangements are made to provide payment to the employee's estate of any salary, overtime, or accrued annual leave payments due."

Supervisors may photocopy the form as necessary ensuring that all subordinates complete and sign the form. These forms will be returned to the Payroll Office and filed in the employees' folders. Please return them in batches by department/program (no individual submissions).

The Payroll Office had asked for completion of this form a few years ago, however, these forms could not be retrieved from Administration Building 1. As such we are asking that you complete another form; temporary employees should also complete this form.

Your utmost cooperation is appreciated. Should you have any questions please contact the Payroll Office at extension 6325 or 6583. Thank you.

Concurred:


Mark Grant
Navajo Nation Controller

xc: Distribution
File

**OFFICE OF THE CONTROLLER
PAYEE DESIGNATION**

Employee Name	Social Security #	Date of Birth	Date of Hire

Naming a Primary Payee

Please list on the line below the full name of the individual you want to receive financial payments (final payroll, annual leave payout, outstanding travel reimbursements, and any other work-related reimbursement) from the Navajo Nation Office of the Controller in the event of your untimely death or if you receive serious injuries or become afflicted with a serious disability which impedes your capacity to make appropriate decisions on your behalf. You may name only one person to receive these payments. This person is deemed to be your Primary Payee. **PLEASE NOTE: Failure to name a Primary Payee shall cause any financial payment as described above to be payable only to your estate.**

Primary Payee (Last, First MI)	Mailing Address	Relationship to Employee	Percent Share of Proceeds
			100%

Naming a Secondary Payee or Contingent Payee

Please list on the line below the individual who should receive financial payments (as described above) from the Navajo Nation Office of the Controller in the event the individual listed as your Primary Payee is not living at the time of your death. This person shall be deemed to be your Secondary Payee or Contingent Payee. The Secondary Payee or Contingent Payee shall not receive any financial payment from the Navajo Nation Office of the Controller unless the Primary Payee is not living at the time of your death.

Secondary Payee or Contingent Payee (Last, First MI)	Mailing Address	Relationship to Employee	Percent Share of Proceeds
			100%

THE DESIGNATION OF A PRIMARY PAYEE AND A SECONDARY PAYEE OR CONTINGENT PAYEE IS LIMITED TO ONLY THE FINANCIAL PAYMENTS LISTED ABOVE. IT DOES NOT SUPERCEDE, AND CAN NOT BE USED TO CHALLENGE, THE NAMING OF A BENEFICIARY OR BENEFICIARIES FOR PAYMENT OF LIFE INSURANCE BENEFITS, RETIREMENT BENEFITS, OR ANY OTHER STATUTORY BENEFITS THAT THE EMPLOYEE MAY BE ENTITLED TO.

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Employee Signature

Date Signed

Employee: Make a copy of this form for your records before submitting it to your employer.

Employer: This original form should remain at the employer's site. Payee changes should be recorded on another form.