



COUNTY OF  
**Riverside**  
HUMAN RESOURCES  
**Winner IPMA Award for Excellence**

County Administrative Center  
4080 Lemon Street, P.O.Box 1569 • Riverside, CA 92502 • (951) 955-3500  
44-199 Monroe Street, Suite B • Indio, CA 92201 • (760) 863-8327

BARBARA A. OLIVIER, SPHR  
ASST. COUNTY EXECUTIVE OFFICER  
HUMAN RESOURCES DIRECTOR

SHAWN ATIN, SPHR  
ASST. HUMAN RESOURCES DIRECTOR

## **Designation of Person to Receive Warrants or Checks Upon Death of Employee**

County employees may file with the County a "**Designation of Person to Receive Warrants or Checks**" Form. Upon death of the employee, any monies due the employee by the County, including salary or reimbursement of expense, would be released to the designated person after adequate proof of identity. The designated person would be able to negotiate the warrant or check as if he/she were the payee.

On the back of this letter is a blank "**Designation of Person to Receive Warrants or Checks**" Form. If you wish to avail yourself of this, please complete the copy on the back and forward it to the County Human Resources Department, Employee Services Division.

- *NOTE: The above designation will not apply to any warrants or checks payable to the State for death benefits due as a result of membership in the Public Employees' Retirement System. The Retirement System pays directly to the named beneficiary in accordance with the Retirement System Membership Form on file with them. We suggest that you review the named beneficiary on your copy of the Public Employees' Retirement System Membership Form.*



# COUNTY OF RIVERSIDE

## **DESIGNATION OF PERSON TO RECEIVE WARRANTS OR CHECKS UPON DEATH OF EMPLOYEE**

PRINT OR TYPE (LAST NAME)

(FIRST NAME)

(INITIAL)

*In the event of my death, I hereby designate the person named below as being entitled to receive all warrants or checks that will be payable to me by the County of Riverside.*

### NAME OF PERSON TO RECEIVE YOUR CHECKS IN CASE OF YOUR DEATH

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Relationship: \_\_\_\_\_ Soc.Sec.No.: \_\_\_\_\_  
(REQUIRED)

***NOTE: Identification information will be necessary since warrants and checks can only be delivered to your designee after sufficient proof of identity is supplied.***

Name

Date

Soc. Sec. Number

### **UPON DEATH OF PERSON TO RECEIVE WARRANTS OR CHECKS**

**DEATH OF EMPLOYEE – Government Code 53245**

Any person now or hereafter employed by the County may file with his/her appointing power a designation of a person who, notwithstanding any other provisions of law, shall on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the descendent had he/she survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. A person who received a warrant or check pursuant to this section is entitled to negotiate it as if he/she were the payee

**IMPORTANT: Please fill out the above information completely. We cannot accept an incomplete form. Please return to:**

**HUMAN RESOURCES / EMPLOYEE SERVICES - STOP #1150**

or

**P. O. BOX 1569, RIVERSIDE, CA 92502-1569**