

STATE OF HAWAII
EMPLOYEE'S DESIGNATION OF BENEFICIARY
(PURSUANT TO SECTION 78-23(c) OF THE HAWAII REVISED STATUTES)

Pursuant to the provisions of Section 78-23(c) of the Hawaii Revised Statutes, this election hereby designates the person, or persons who, if living at the time of the employee's death, shall be paid all accumulated vacation pay and all earned and unpaid wages due at the time of his (or her) death based upon the below elections.

You have the option to list one or more persons to be the primary and contingent beneficiaries. If you are designating multiple primary or contingent beneficiaries, indicate the whole percentage each should receive, ensuring the total of each adds up to 100%. Payments will only be made to the contingent beneficiaries if there is no surviving primary beneficiary(ies).

Beneficiary Name	Address	City	State	Zip	Social Security Number	Whole Percent	Beneficiary Type (Primary or Contingent)

The Comptroller of the State is authorized to make such payments to the person or persons designated.

Signature of Employee

Subscribed and sworn to before me, this
_____ day of _____ 20 _____

Notary Public _____
Judicial Circuit
State of Hawaii

My Commission Expires: _____

(In box below, type only.)

Place of employment at above date: Department _____ Division _____ Branch _____
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EMPLOYEE'S: Last Name _____ First Name _____ Middle Initial _____ Social Security Number: _____ (The above name and social security number must agree with pay records.)
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Explanation and Instructions to Employee

1. Each employee of the State of Hawaii is urged to execute this designation form electronically through the Hawaii Information Portal (HIP). This paper form may be used in lieu of the online form if an accommodation is needed and then it must be provided to your department or agency. In the event of your death, this designation form authorizes immediate and direct payment of unpaid compensation (including unused vacation leave) to the beneficiary(ies) named by you.
2. A beneficiary can be an individual or organization. You have the option of selecting one or more primary and contingent beneficiaries. Your primary beneficiary(ies) receives any unpaid compensation owed at the time of your death. If you list more than one primary beneficiary, the unpaid compensation will be paid equally among the living primary beneficiaries if applicable. If there are no living primary beneficiaries at the time of your death, the amount will be payable to your contingent beneficiary(ies). If none of your beneficiaries are living at the time of your death or if you have not executed a beneficiary designation form, the payment will be made to your estate.

Example 1:

Beneficiary "John Smith" listed as Primary Beneficiary at 50%

Beneficiary "Mary Smith" listed as Primary Beneficiary at 50%

Beneficiary "Sarah Smith" listed as Contingent Beneficiary at 100%

If John Smith passes away prior to the employees' death, all unpaid compensation will be paid to Mary Smith.

Example 2:

Beneficiary "John Smith" listed as Primary Beneficiary at 100%

Beneficiary "Sarah Smith" listed as Contingent Beneficiary at 100%

If John Smith passes away prior to the employees' death, all unpaid compensation will be paid to Sarah Smith.

Example 3:

Beneficiary "John Smith" listed as Primary Beneficiary at 25%

Beneficiary "Mary Smith" listed as Primary Beneficiary at 50%

Beneficiary "Sarah Smith" listed as Primary Beneficiary at 25%

Beneficiary "Chad Smith" listed as Contingent Beneficiary at 100%

If John Smith passes away prior to the employees' death, all unpaid compensation will be paid 62.5% to Mary Smith and 37.5% to Sarah Smith.

3. This designation form must be verified by a notary public. Other witnesses' signatures are not required. The electronic version of the form within HIP does not require verification through a notary public.
4. Please type all information, except for employee's signature.
5. The employee's social security number must be accurately entered on this designation form in the space provided.
6. All designations must be in whole percentages. The total percentage must equal 100% for the Primary Beneficiary designation and 100% for Contingent Beneficiary designation (if designated).
7. This designation form will be secured in a confidential file with the employee's department or agency after it is entered into the Hawaii Information Portal (HIP) for electronic storage and retrieval. The electronic entry in the HIP will be the official record for the issuance of payment and will supersede any previously submitted elections whether on paper or through the electronic form in HIP.
8. The designation made on this form may be changed by the employee at any time by submitting a new designation form. It is recommended that the employee promptly submit a new electronic form directly in HIP if for any reason the previously submitted designation is no longer desired, because the State Comptroller must make payment according to the most recent designation on file.