




THE NAVAJO NATION

Office of the Controller – Payroll Section
PO Box 3150, Window Rock, Arizona 86515-3150
Telephone: (928) 871-6398 Facsimile: (928) 871-6026

MEMORANDUM

To: Navajo Nation Supervisor/Employee

From: 
Elizabeth O. Begay, CIA, Acting Controller
Office of the Controller

Date: Thursday, September 15, 2022

Re: BENEFICIARY DESIGNATION FORM

This memorandum will serve to notify the Navajo Nation Office of Controller's initiative to resolve an ongoing issue of who will receive the final paperwork, annual leave pay off, 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 is deceased during his/her employment.

When this untimely departure occurs, there are times when a beneficiary has not been determined, to avoid these instances please work with your staff to fill out the attached Beneficiary Designation Form for the Office of the Controller.

The attached form is intended to be utilized in accordance with the Navajo Nation Personnel Policy Manual Section XV, I, 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 or download the form from the www.nnooc.org website as necessary to ensure that all subordinates sign the form. These forms will be returned to the Payroll Section and kept on file for the duration of employment.

Your utmost cooperation is appreciated. Should there be any questions, please contact Navajo Nation Payroll at (928) 871-6398. Thank you.

**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. The 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	Relation 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 describe 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 for 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 THE 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.