

**Beneficiary Affidavit
Surviving Spouse
Tulsa County Post Employment Health Plan (PEHP)**

I attest that I was the legal married spouse at the time of death of _____
(name of post employee) who passed away on _____(date of death).
I understand that I may submit eligible expenses for reimbursement for myself as well as
any eligible dependent children under the age of 18, if any.

I attest that the dependent children listed below are under the age of 18 and are the natural or
step-child(ren) of the deceased post employee of Tulsa County:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The address where reimbursements should be mailed: _____

**A death certificate in regards to the deceased post employee of Tulsa County must be received
with this signed Beneficiary Affidavit.**

I attest that the information provided above is true and accurate. I understand that I am fully
responsible for the sufficiency, accuracy, and veracity of all information relating to any claim
submitted for reimbursement, and that unless an expense for which payment or reimbursement
is claimed is a proper expense under the Plan, I may be liable for payment of all related tax
including federal, state, or city income tax on amounts paid from the Plan which relate to such
expense.

Print Name

Signature

Date