



Bureau of Workers' Compensation

Annual Death Benefits Questionnaire

- BWC records indicate you are receiving death benefits for the claim number listed.
- Please supply requested information and return in the envelope provided.
- If you have questions, please contact the claims service specialist (CSS) listed below.

Date

| | | | |
|--|-------|----------------------------|------------------------|
| Name of deceased worker | | Claim number | |
| Name of <input type="checkbox"/> dependent, <input type="checkbox"/> surviving spouse, <input type="checkbox"/> guardian, <input type="checkbox"/> other | | Date of birth | Social Security number |
| Address | | Telephone number () | |
| City | State | ZIP code | |

1. Is this your current name and address? Yes No
2. If no, please provide the correct name and/or address.

| | | |
|---------|-------|----------|
| Name | | |
| Address | | |
| City | State | ZIP code |

To be completed by surviving spouse ONLY:

3. Have you remarried? Yes No
4. If yes, complete following information. If no, go to question 5.

| | | |
|------------------|--------|-------|
| Date of marriage | County | State |
|------------------|--------|-------|

5. *To be completed by surviving spouse or guardian.* Please verify/complete the following information for any dependents receiving death benefits. If you need additional space, please use the back of this form.

| Name of dependents | Age | Date of birth | Social Security number | Status of dependent full-time student/disability |
|--------------------|-----|---------------|------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I certify I have answered/verified the above questions truthfully and completely.

| | |
|---|------|
| Signature of <input type="checkbox"/> dependent, <input type="checkbox"/> surviving spouse, <input type="checkbox"/> guardian, <input type="checkbox"/> other | Date |
|---|------|

| | | |
|------------------------|-----------------------|-----|
| CSS name | Telephone | Fax |
| Service office address | City, State, ZIP code | |

I understand that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain benefits/compensation as provided by BWC or self-insuring employers, or who knowingly accepts compensation to which that person is not entitled, is subject to criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.