



Instructions

- Please print or type. **Do not use red ink.**

Eligibility for death benefits is generally given to the deceased's biological dependents, current spouse, those persons receiving sole support and others who rendered services pertaining to this death.

Name of deceased	
Claim number	Date of death

Supporting documents required

- Death certificate of the deceased
- Birth certificate(s) of spouse and dependents
- Marriage certificate from current spouse

- Divorce decrees and/or death certificate from any previous marriage(s) of deceased
- Divorce decrees and/or death certificate from any previous marriage(s) of current spouse

1. This application is made on behalf of the persons named below who were dependent on the deceased for support.

Name	Social Security number	Relationship to deceased	Dependency		Date of birth
			Wholly	Partially	
Person completing this form (applicant, please print)					

2. For persons in #1 (other than current spouse and/or dependent minor children) who were dependent on the deceased for support, complete the information requested below.

Name	Weekly Amount Contributed by Deceased	Date of Last contribution	Other weekly income

3. The person(s) named below are applying for reimbursement of payment made on behalf of the deceased. (Please attach any service invoice, bill or proof of payment.)

Name	Amount of payment	Date of payment	Provider/risk number

4. Was deceased residing with you at time of death? Yes No If no, give deceased's address and include county.

Street address	City	State	Nine-digit ZIP code	County
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5. Was deceased previously married? Yes No If yes, list full names of spouse(s) and how the marriage(s) terminated.

6. Did deceased have any children from the former marriage(s)? Yes No If yes, list names, addresses and ages of such children.

7. Was the deceased 's current spouse previously married? Yes No If yes, list full name of former spouse(s) and how the marriage(s) terminated.

8. Did deceased's current spouse have any children from the former marriage(s)? Yes No If yes, list name(s), address(s) and age(s) of such children.

I certify the information on this form is true and correct. 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.

(Signature of Applicant)

(Address)

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(Telephone number)

(City, State, nine-digit ZIP code, County)