Department of Labor and Industries
Pension Benefits
PO Box 44281
Olympia WA 98504-4281

Date	Claim No.	Folio No.

DECLARATION OF ENTITLEMENT

For DEPENDENT OF DECEASED WORKER BENEFITS UNDER INDUSTRIAL INSURANCE

Reminder: Your Signature is required

If you are signing yourself, please be sure to sign in the signature block or the document will be considered incomplete and will be returned.

If you are signing with power of attorney, submit a copy of that document if you have not done so already. For your protection, your signature is used for comparison with endorsement on checks payable to you.

For benefits to continue without interruption this Declaration of Entitlement must be completed in full, signed, notarized and returned within 30 days.

Print name(s) of dependent(s)	I/we was/were financially dependent upon the deceased named
Mailing address	Relationship was
City State ZIP	Do you continue to be dependent? Yes ☐ No ☐
Residence is same as MAILING address Yes ☐ No ☐	My/our income per month from all sources, exclusive of this person is $
If NO, list residence address	

The circumstances of my/our dependency have not changed since the fatal industrial accident and proof of my/our claim was submitted to the Department of Labor and Industries. Any change in status of this claim must be reported, such as death of a dependent, financial aid and acquisition of property which would alter the dependency circumstances. If there has been any change since you submitted the last declaration, please complete the following: **Your statement may change your monthly benefit. Failure to report employment, marriage, dependent changes or incarcerations to continue receiving benefits may result in civil or criminal charges.**

Have you been convicted of a crime and under sentence since you submitted the last Declaration of Entitlement form?

No ☐ Yes ☐ If yes, when? Where?

Social Security # (ID only)	Phone #	Date	Signature (required)

Notary Signature and impression of seal or stamp are required. RCW 42.44.090(1)

Subscribed and sworn to before me this date	Notary Seal or Stamp
Notary public signature	
For the state of	
Residing at	
Title	
My commission expires	

RESET