



CLAIM FOR PENSION BY SPOUSE, REGISTERED DOMESTIC PARTNER OR CHILDREN

For Prompt Service, All Questions Must be Answered

Claim No.
Social Security No. of deceased

Deceased Worker			
Name of deceased worker		Date of birth	Physician treating deceased at time of death
Date of marriage or registered domestic partnership	Date of injury	Date of death	Location of death (work, home, hospital, incarcerated)
Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cause of death		
Funeral home		Employer when injured	
Address		Address	
City	State	ZIP+4	City State ZIP+4

Spouse or Registered Domestic Partner of Deceased Worker			
Name of spouse or registered domestic partner		Date of birth	Telephone
Residence address		City	State ZIP+4
Mailing address		City	State ZIP+4
If separated, give date of separation	Cause of separation		

Social Security No. (ID only)	Date of divorce or legal dissolution from deceased	Date of remarriage or new registered domestic partnership since worker's death
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Dependent Children or Stepchildren of the Deceased			Guardian		
Name (first, last)	Date of birth	Sex	Name of guardian		Social Security No. (ID only)
			Address		
			City		State ZIP
			Telephone	Date of appointment	Date of birth
Are any of the children between the ages of 18 and 23 in a state institution or enrolled full time in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please submit proof			Please attach a copy of the following documents that apply. A. Death certificate. B. Marriage certificate or Declaration of Registered Domestic Partnership C. Birth certificate(s) of child(ren). D. Letters of guardianship or custody order. E. Custody papers for stepchildren. F. Proof of full time enrollment in accredited school of child(ren) between ages 18 and 23.		

Persons making false statements in obtaining Industrial Insurance benefits are subject to civil and/or criminal penalties under the law.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Today's date	Signature of Spouse, Registered Domestic Partner or Guardian X
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