



Date	Claim No.	Folio No.
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## DECLARATION OF ENTITLEMENT

### For DISABLED CHILD OR GUARDIAN 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 a Guardian 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 of legal guardian or custodian or your name (disabled child)		
Mailing address		
City	State	ZIP
Residence is same as MAILING address      Yes <input type="checkbox"/> No <input type="checkbox"/>		
If NO, list residence address		

The definition of a Guardian includes a surviving spouse or registered domestic partner who was receiving a pension and has since remarried or entered into a new registered domestic partnership but retains care and custody of the minor or disabled children or dependents. Or other who have minor or disabled children or dependents of the worker in their care and custody. This person now receives the pension benefits for the children/dependents.

The children / dependents are under 18 years old and/or are disabled and reside with me.      Yes       No

If NO, list names and addresses of dependents under 18 years old and/or disabled not residing with you.

Any change in status of dependents or children for whom you are receiving pension benefits must be reported. Dependency changes include death, marriage, declaration of a registered domestic partnership, incarceration, emancipation or change in care and custody. Changes in dependency circumstances may alter your monthly benefit. **Failure to report status of dependent changes or incarcerations in order to receive benefits for which you may not be entitled may result in civil or criminal charges.**

Has there been a change in dependency circumstances for any child for which you are receiving benefits under Industrial Insurance?

No       Yes       If yes, please provide the following information:

Name of dependent for which you are reporting the change	Effective date of dependency change	Explanation
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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)
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**Notary Signature and impression of seal or stamp are required. RCW 42.44.090(1)**

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