



CLAIM FOR PENSION BY DEPENDENTS

ALL QUESTIONS MUST BE ANSWERED

Claim #.				
Social Security number of deceased				
Deceased Worker				
Name of deceased worker			Date of birth	Physician at time of death
Date of injury	Date of death	Location where death occurred		
Autopsy? Check one	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cause of death	
Funeral Home/Mortuary			Employer when injured	
Address			Address	
City	State	ZIP+4	City	State ZIP+4
Was worker ever married or in a registered domestic partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of marriage/registered domestic partnership	If spouse/registered domestic partner died, give date	If relationship terminated, date of divorce or legal dissolution from deceased	If worker was separated, give date
Did worker have children under 18 years of age, a spouse or a registered domestic partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where are they now?			
Person(s) claiming dependency (Both father and mother must join in claim and give necessary details.)				
Name (last, first, middle)			Date of birth	Telephone
Resident address of dependent			City	State ZIP+4
Mailing address of dependent			City	State ZIP+4
Name (last, first, middle)			Date of birth	Telephone
Resident address of dependent			City	State ZIP+4
Mailing address of dependent			City	State Zip+4
Relationship to deceased worker				Are there any other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who are the other dependents?				
Dependents must answer all of the following questions:		When did you commence to be dependent?		
What incapacity (physical/mental/sensory) makes you dependent?				
What properties do you own?			Have your attending physician give a statement in writing as to your condition and attach it to this claim.	
What was your income for the past year from all sources? \$				What is your indebtedness? \$
Give details on amounts of income from each source				
Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", in which country do you have citizenship papers?			(Proof of citizenship will be required if you reside out of the country)

Continued on next page

Have you worked during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	Wages when working \$ per
State very specifically the amounts contributed by the deceased to you during one year prior to their death.		
Amount	Date	How paid
\$		
\$		
\$		
\$		
\$		
\$		
\$		
Did you reside with the deceased during the year prior to their death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part time	If "No", what amount did you pay for board and lodging? \$	
What other persons or agencies contribute to your support?		

Guardian (If dependents are incompetent, claim must be made through a guardian with proper documents attached.)			
Name of guardian	Telephone#	Date of appointment	Date of birth
Address	State	ZIP+4	Is guardian acting at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No

- Documents to be attached:**
- A. Copy of Death Certificate.
 - B. Copy of Birth Certificate of Applicant.
 - C. Guardian must send copy of Letters of Guardianship or Custody Order.
 - D. Receipts, check copies, bank certificates, letters or other documents showing that you received the sums you have set forth above.
 - E. Certificate from the family physician showing your physical/mental/sensory inability to make a living and thus show your dependency.

Other Instructions:

Claimants are advised that, upon receipt of this claim, the department, if it has not already done so, will write for and procure, the report of death from the attending physician or coroner or an undertaker and such other proofs as may be required, whereupon this claim will be decided.

Give all other facts that you think may assist the department in determining your claim:

SUBSCRIBED AND SWORN TO BEFORE ME THIS
DATE
NOTARY PUBLIC
RESIDING AT
MY COMMISSION EXPIRES

All above statements are true and no facts have been concealed.

Today's date	Signature of guardian
Today's date	Signature of dependent