



# Pension Benefits Questionnaire

Phone: 360-902-5119 Fax: 360-902-6455

**Remember to put your claim number on all attachments.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ L&I Claim Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Residence (if different from mailing address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Legal Representative (if applicable) \_\_\_\_\_

**A. Your marital status on the day you were injured.** (Check one.)

Were you married or in a registered domestic partnership on the date of injury?

- Yes  No

**B. Your current marital status.** (Check one. Required documentation is noted with a number. See page 2.)

I am single *and* have never been married or in a registered domestic partnership.

I am married *or* am in a registered domestic partnership.

Spouse's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ ①

I was widowed on this date: \_\_\_\_\_ and have not remarried. ②

I was divorced on this date: \_\_\_\_\_ and have not remarried. ③

**C. Your children at this time.** (Check one. Required documentation is noted with a number. See page 2.)

I **now** have:

A child or children under the age of 18 who live(s) with me. ④

A child or children under the age of 18 who lives with the other parent or guardian. ⑤

Name, phone number, and address of parent/guardian with custody:  
\_\_\_\_\_  
\_\_\_\_\_

A child or children between age 18 – 23 attending an accredited school as a full-time student. ⑥

A child of *any* age who is disabled. ⑦

None of the above apply to me.

**D. Current Social Security benefits?** (Please answer both questions.)

Are you **currently** receiving Social Security benefits?  Yes  No

Have you **applied** for Social Security benefits?  Yes  No

**E. Signature**

I understand that the Department of Labor and Industries will use and rely on my answers to the questions listed above to calculate the amount of my pension (*under Washington State Industrial Insurance Act, Title 51 RCW*). I declare under penalty of perjury that the information I've provided above is true and correct.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Documentation you are required to attach to complete this form. (See corresponding numbers on page 1.)**

<b>If this applies to you (more than one may apply):</b>	<b>Attach this documentation:</b>
<p><b>1</b> If you are married or in a registered domestic partnership.</p>	<p>A copy of your marriage certificate or declaration of registered domestic partnership.</p>
<p><b>2</b> If your spouse or registered domestic partnership died <b>after</b> your date of injury <i>and</i> you have <i>not</i> remarried.</p>	<p>1. A copy of your marriage certificate or declaration of registered domestic partnership. 2. A copy of the death certificate.</p>
<p><b>3</b> If you were divorced (or your registered domestic partnership was legally dissolved) <b>after</b> your date of injury.</p>	<p>1. A copy of your marriage certificate or declaration of registered domestic partnership. 2. A copy of the signed, final decree of dissolution.</p>
<p><b>4</b> If you have a child or children under age 18 who lives with you.</p>	<p>A copy of the child's birth certificate.</p>
<p><b>5</b> If you have a child or children under age 18 who lives with the other parent or guardian.</p>	<p>1. A copy of the child's birth certificate. 2. A copy of the legal documentation, such as a court custody order or court parenting plan.  <b>Or</b> A signed statement indicating who has custody of the child</p>
<p><b>6</b> If you have a child or children between age 18 – 23 attending an accredited school as a full-time student.</p>	<p>1. Written verification of the child's full-time status from the school. 2. The student's current address. 3. A copy of the student's birth certificate.</p>
<p><b>7</b> If you have a child of any age who is disabled.</p>	<p>1. A copy of the child's birth certificate. 2. Medical documentation of disability. Call 360-902-5119 for details.</p>

**Questions?** Call 360-902-5119.

**Fax completed forms to 360-902-6455.**

**Remember to put your claim number on all attachments. All documents must be copies, not originals.**