



- BWC records indicate you are receiving death benefits for the claim number listed.
- Please supply requested information and return in the envelope provided.
- If you have questions, please contact the claims service specialist (CSS) listed below.

Date

Name of deceased worker		Claim number
Name of <input type="checkbox"/> dependent, <input type="checkbox"/> surviving spouse, <input type="checkbox"/> guardian, <input type="checkbox"/> other	Date of birth	Social Security number
Address		Telephone number ()
City	State	ZIP code

1. Is this your current name and address? Yes No

2. If no, please provide the correct name and/or address.

Name

Address

City

State

ZIP code

To be completed by surviving spouse ONLY:

3. Have you remarried? Yes No

4. If yes, complete following information. If no, go to question 5.

Date of marriage

County

State

5. *To be completed by surviving spouse or guardian.* Please verify/complete the following information for any dependents receiving death benefits. If you need additional space, please use the back of this form.

Name of dependents	Age	Date of birth	Social Security number	Status of dependent full-time student/disability

I certify I have answered/verified the above questions truthfully and completely.

Signature of dependent, surviving spouse, guardian, other

Date

CSS name

Telephone

Fax

Service office address

City, State, ZIP code

I understand that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain benefits/compensation as provided by BWC or self-insuring employers, or who knowingly accepts compensation to which that person is not entitled, is subject to criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.