



Bureau of Workers' Compensation

Application for Death Benefits and/or Funeral Expenses

Please reference page two of this form for information regarding evidence that you must submit with the application. You can submit this form and supporting documentation via fax to 1-866-336-8352, or send it to your local BWC customer service office.

Name of decedent		Social Security number	Claim number <i>if known</i>	Date of death
1	Check all that apply:			
	<input type="checkbox"/> I am applying for death benefits and, if applicable, funeral expenses (check one of the boxes below) and proceed to section 3. <input type="radio"/> For myself <input type="radio"/> For myself and other dependents of the decedent <input type="radio"/> On behalf of dependents of the decedent <input type="checkbox"/> I am only applying for reimbursement of funeral expenses or services related to the decedent's death. Proceed to section 2.			
This section is completed when only requesting reimbursement of funeral expenses or other services				
Complete this section and proceed to section 6				
2	Name	Street address, city, state, ZIP code		Relationship to decedent <i>if applicable</i>
	Social Security number or Federal tax ID #	Cell/phone number with area code		Email address
List all persons who were dependent on the decedent for support (attach sheet for additional dependents if needed)				
First dependent				
3	Name	Street address, city, state, ZIP code		Relationship to decedent
	Social Security number	Cell/phone number with area code and email address		Date of birth
	Second dependent			
3	Name	Street address, city, state, ZIP code		Relationship to decedent
	Social Security number	Cell/phone number with area code and email address		Date of birth
	Third dependent			
3	Name	Street address, city, state, ZIP code		Relationship to decedent
	Social Security number	Cell/phone number with area code and email address		Date of birth
	Complete this section if you are the decedent's spouse			
4	Was the decedent residing with you at time of death? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain why you were living separately.			
	Were you previously married? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Decedent information				
5	Was decedent married more than once? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the decedent have any children not listed in section 3? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature				
6	I am applying for death benefits, reimbursement of services related to the decedent's death and/or funeral expenses under the Ohio Bureau of Workers' Compensation Act for work-related injuries. I affirm that I elect to receive compensation and benefits under Ohio's workers' compensation laws for my claim, and I waive and release my right to file for and receive compensation and benefits under the laws of any other state for this claim. I request payment for compensation and/or benefits as allowable.			
	I certify the information on this form is true and correct to the best of my knowledge. I understand that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain benefits and/or 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.			
	Person completing this form (please print)			Date
Signature of person completing this form			Cell/phone number	



The loss of a loved one is an emotional time for any family. At the Ohio Bureau of Workers' Compensation (BWC), we feel your loss and want to ensure you or your family receive all eligible benefits. These instructions are meant to help ease the application process, but please know we are here to answer any questions you may have.

If your family member died because of a work-related injury or occupational disease, as his or her surviving dependents you may qualify for compensation, including funeral expenses. When BWC allows a death benefits claim, reasonable funeral expenses may be paid or reimbursed up to a maximum amount allowable per Ohio law.

Family members who may be eligible for benefits due to a work-related death include:

- Spouse.
- Dependent children under 18 years old.
- Dependent children 18 to 25 years old who are attending an accredited educational institution.
- A mentally or physically incapacitated child 18 or older who is unable to support his or herself.
- Other family members with proof of dependency upon the decedent.

Instructions for completing the *Application for Death Benefits and/or Funeral Expenses (C-5)*

These instructions detail the information and supporting documentation you need to complete the application. Please fully complete each section of the C-5 form before submitting it to BWC.

Section 1

- Check the box indicating the benefits being requested.

Section 2

- Complete only when requesting reimbursement of funeral expenses or other services.
 - If the claimant for funeral expenses is not the employer of record, the claimant must include:
 - Social security number.
 - Date of birth.
 - Email address of the claimant requesting payment (if available).
 - This information is required for BWC to enter the request into the claims management system to issue payment.

Section 3

- List all persons who were dependent on the decedent for support
- Attach sheet for additional dependents, if needed
- If a guardian of a dependent, please include your information. This information is required for BWC to enter the request into the claims management system to issue payment

Section 4

- If you are the decedent's spouse, please complete this section.

Section 5

- Check the boxes that apply.

Section 6

- Please provide the name (printed), signature, date and phone number of the person completing the C-5.

Supporting documentation for death benefits

The list below details when and the types of documentation a dependent will need to provide to BWC to support his or her request for death benefits and, if applicable, funeral expenses. Submitting the needed documentation with the C-5 as soon as possible will help us make a quicker decision. A BWC claims service specialist will advise the claimant if any additional documentation or information is needed.

Provide the following documents, when applicable:

- *First Report of Injury* (FROI-1) completed by dependent or guardian of minor children that identifies the Employer (New claim only)
- Medical causal relationship statement by a physician
- Final Death Certificate (must list the cause of death)
- Medical evidence – to establish a causal relationship between the death and industrial injury.
- Wages
- Traffic/accident report
- Police report



- EMS/Ambulance report
- Coroner report
- Autopsy report
- Toxicology report

Funeral Expenses/Service Reimbursement

- Copy of the service invoice or paid funeral bill

Surviving Spouse

- Marriage certificate
- Social security card, if available
- Proof of residence with the decedent at the time of death (e.g., a voided personal check with both names and the same address)
- If the surviving spouse had been previously married, a divorce decree or death certificate of ex-spouse.
- If the surviving spouse was not residing with the decedent at the time of death due to the decedent's aggression, documentation supporting that reason (e.g., court records, police reports).
- If the spouse and decedent were not residing together at the time of death, documentation that establishes dependency.

Child/Children of the decedent

- Birth certificate for minor children that shows the decedent is the parent of the child. If that is not available, a court order establishing paternity or an adoption decree.
- Guardianship – documentation that shows a person has guardianship over the estate and/or children.
- Guardianship and/or custody documents if the child is not living with the parents
- Adoption papers
- Social Security card(s), if available
- Family support order, if applicable
- Paternity test results, if applicable, or legal acknowledgement of paternity; Resource Local Child Support Enforcement Agency
- If the child is more than 18 years old and mentally or physically unable to work, medical records verifying the child's disability and inability to work.

If the child is between the ages of 18 and 25 and enrolled in college fulltime (Generally, 12 hours or greater):

- Class registration and/or class schedule
- Report of grades for completed courses
- Proof of payment of fees and/or tuition
- School transcript
- Letter of acceptance into an accredited educational institution
- Non-traditional education will be evaluated on a case-by-case basis

If the child is a stepchild of the decedent:

- The marriage certificate showing the decedent was married to the other parent.
- Documentation showing the stepchild was living with the decedent (e.g., school records).
- Documentation showing the decedent provided more than one half of the financial support of the stepchild (e.g., bank statement showing decedent paying for school activities, clothing, medical bills).

Other family members claiming dependency

- Documentation to show the family member was living with the decedent (e.g., lease agreement, voided personal check or bank statements from each dependent showing the same address).
- Documentation that shows the decedent provided financial support of the family member (e.g., bank statements that show payment of utility bills, mortgage or rental payments or other expenses).