



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. <ul style="list-style-type: none"> <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.			
2	This section is completed when only requesting reimbursement of funeral expenses or other services			
	Complete this section and proceed to section 6			
	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	
3	List all persons who were dependent on the decedent for support (attach sheet for additional dependents if needed)			
	First dependent			
	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			
	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			
	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	
4	Complete this section if you are the decedent's spouse			
	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"/>			
5	Decedent information			
	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"/>			
6	Signature			
	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	

Death benefits

If the decedent died because of a work-related injury or occupational disease, the surviving dependents may qualify for compensation, including funeral expenses. In an allowed death benefits claim, reasonable funeral expenses may be paid or reimbursed up to a maximum of \$5,500. The following individuals may be eligible for benefits due to a work-related death:

- 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 dependent relatives in certain cases.

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 this *Application for Death Benefits and/or Funeral Expenses*, or as soon as possible will help BWC make a quicker decision. A BWC claims service specialist will advise the claimant if any additional documentation or information needed

Requesting reimbursement for funeral expenses and services related to the decedent's death

- Service invoice or copy of the paid funeral bill

Spouse

- Marriage certificate
- 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 spouse has been previously married, a divorce decree or death certificate of ex-spouse
- If the decedent was previously married, a divorce decree or death certificate of the ex-spouse (if available)
- If the spouse was not living 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 living together at the time of death, documentation that establishes dependency.

Child of the decedent

- Birth certificate or adoption papers or paternity results
- Adoption papers
- Family support order, if applicable
- Paternity test results
- If the child is between the ages of 18 and 25 and enrolled in college:
 - Class registration or class schedule;
 - Report of grades for completed courses;
 - Proof of payment of fees and/or tuition;
 - School transcript;
 - Letter of acceptance into an educational institution.
- 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 has a guardian other than the surviving parent, court documents showing appointment of the guardian
- If the child is a stepchild of the decedent:
 - The marriage certificate of the stepparent and the other parent;
 - Documentation showing the stepchild was living with the decedent (e.g. school records);
 - Documentation showing the decedent's 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 same address)
- Documentation that shows the decedent paid a portion of the living expenses of the family member (e.g., bank statements that show payment of utility bills, mortgage or rental payments)