



Claim number

Instructions

Submit this form with supporting documentation via fax to 1-866-336-8352, or send it to your local BWC claims office.

Name of decedent Date of death

Spouse or dependent applying for compensation that was unpaid at the time of the decedent's death

Required documentation

- A copy of a death certificate, obituary or some other proof of death of the decedent
Spouse of the decedent - a copy of your marriage certificate
Dependent child of the decedent (A dependent child is a minor, a student between the ages of 18 and 25 years, or a physically or mentally incapacitated adult.) - a copy of your birth certificate, and:
o If you are a student between the ages of 18 and 25 years, proof of enrollment in an accredited educational institution;
o If you are more than 18-years-old with a physical or mental disability that prevents you from working, medical documentation describing your physical or mental disability.
On behalf of the estate - documentation from the probate court verifying your capacity to act on behalf of the estate

Complete this section if you are the decedent's spouse or dependent applying for accrued compensation

Name Social Security number Date of birth
Address Phone number
City State ZIP code Email address

If you are the spouse, was the decedent residing with you at time of death? Yes No
If no, please explain why you were living separately.

Complete this section if you are applying on behalf of the decedent's estate

Fiduciary name Tax identification number
Address Phone number
City State ZIP code Email address

Complete this section if you are not a spouse or dependent child and are only requesting reimbursement or payment for services related to the decedent's death

Required documentation from individual or provider seeking payment of, or reimbursement of payment for services (e.g., funeral expenses) A copy of the service invoice, or if seeking reimbursement, a copy of the paid bill or other proof of payment. Redact account numbers from any supporting documentation submitted as proof of payment. If you are a provider seeking payment, you must also provide your tax ID number. Payment or reimbursement is limited to the amount of accrued compensation available, if any.

Name (Individual or business) Social Security number or taxpayer ID Date of birth (If an individual)
Address Phone number
City State ZIP code Email address

Signature

I certify the information on this form is true and correct to the best of my knowledge. I understand 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.

Name of person applying for accrued compensation (please print) Date

Signature of person applying for accrued compensation