



You can use this form to apply for compensation that was unpaid at the time of the decedent's death. Submit this form with supporting documentation via fax to 1-866-336-8352, or send it to your local BWC customer service office.

Name of decedent	Claim number	Date of death
<p>Please reference the information below to help you determine what evidence you must submit with this application. The following may be eligible for accrued compensation when an injured worker dies:</p> <ul style="list-style-type: none"> • Spouse; • Dependent children; • Anyone who provided services or paid a bill related to the injured worker's death (e.g. funeral expenses); • The decedent's estate. <p>Supporting documentation for accrued compensation</p> <p>Spouse</p> <ul style="list-style-type: none"> • 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 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 shows dependency <p>Child of the decedent</p> <ul style="list-style-type: none"> • Birth certificate <p>Requesting reimbursement for funeral expenses and/or other services related to the decedent's death</p> <ul style="list-style-type: none"> • Service invoice or copy of the paid bill <p>Estate</p> <ul style="list-style-type: none"> • Documentation from the probate court 		
Reimbursements		
1	<p>Are you applying for reimbursement or payment for services related to the decedent's death (e.g., funeral expenses)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
Applicant and dependent information		
Applicant		
	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	
Other dependent information, if applicable		
Dependent		
2	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	
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	
Complete this section if you are the decedent's spouse		
3	<p>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.</p>	
Signature		
<p>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.</p>		
4	Person completing this form (please print)	Date
	Signature of person completing this form	Cell/phone number