



Instructions

Please print or type. Do not use red ink.

Eligibility for death benefits is generally given to the deceased's biological dependents, current spouse, those persons receiving sole support and others who rendered services pertaining to this death.

Form with fields: Name of deceased, Claim number, Date of death

Supporting documents required

- Death certificate of the deceased
Birth certificate(s) of spouse and dependents
Marriage certificate from current spouse

- Divorce decrees and/or death certificate from any previous marriage(s) of deceased
Divorce decrees and/or death certificate from any previous marriage(s) of current spouse

1. This application is made on behalf of the persons named below who were dependent on the deceased for support.

Table with columns: Name, Social Security number, Relationship to deceased, Dependency (Wholly, Partially), Date of birth

2. For persons in #1 (other than current spouse and/or dependent minor children) who were dependent on the deceased for support, complete the following information requested below.

Table with columns: Name, Weekly amount contributed by deceased, Date of last contribution, Other weekly income

3. The person(s) named below are applying for reimbursement of payment made on behalf of the deceased. (Please attach any service invoice, bill or proof of payment.)

Table with columns: Name, Amount of payment, Date of payment, Provider/risk number

4. Was deceased residing with you at time of death? Yes No If no, give deceased's address and include county.

Form with fields: Street address, City, State, Nine-digit ZIP code, County

5. Was deceased previously married? Yes No If yes, list full names of spouse(s) and how the marriage(s) terminated.

6. Did deceased have any children from the former marriage(s)? Yes No If yes, list names, addresses and ages of such children.

7. Was the deceased's current spouse previously married? Yes No If yes, list full name of former spouse(s) and how the marriage(s) terminated.

8. Did deceased's current spouse have any children from the former marriage(s)? Yes No If yes, list name(s), address(s) and age(s) of such children.

(Signature of applicant)

(Address)

(Telephone number)

(City, State, Nine-digit ZIP code, County)